

December 2020

Chartered Society of Physiotherapy

Strength messaging Insight

Full findings from the research |

britainthinks.com

This is a comprehensive report that is comprised of findings from several different phases of research.

Contents

1 Introduction

Phase 1: Exploratory research

2. About our audiences
3. Physiotherapy staff experiences of providing strengthening advice
4. The target group's perceptions and experiences of strengthening activity
5. Advice for the initiative to increase strengthening activity
6. The impact of Covid-19 and the lockdown on the target audience
7. Responses to early stimulus ideas

Phase 2: Concept development

8. Testing of creative routes
9. Deep dive on creative routes
10. Additional resources for the campaign
11. Recommendations from creative testing
12. Behaviour change initiative findings

1

Introduction

Background and objectives

Project background and objectives

The Chartered Society of Physiotherapy has identified:

- A general lack of awareness about the Chief Medical Officer's guidelines on strengthening activity
- An insight gap in relation to people with long-term conditions, of whom there are around 15 million in England,¹ who do not meet these guidelines

BritainThinks and Four Communications have therefore been commissioned to conduct a programme of research and concept development:



Phase 1: Exploratory Research

Obtain insight and provide strategic recommendations into:

- How to encourage strengthening activity amongst people with LTCs
- How physiotherapists can be supported to encourage the target audience to change their behavior

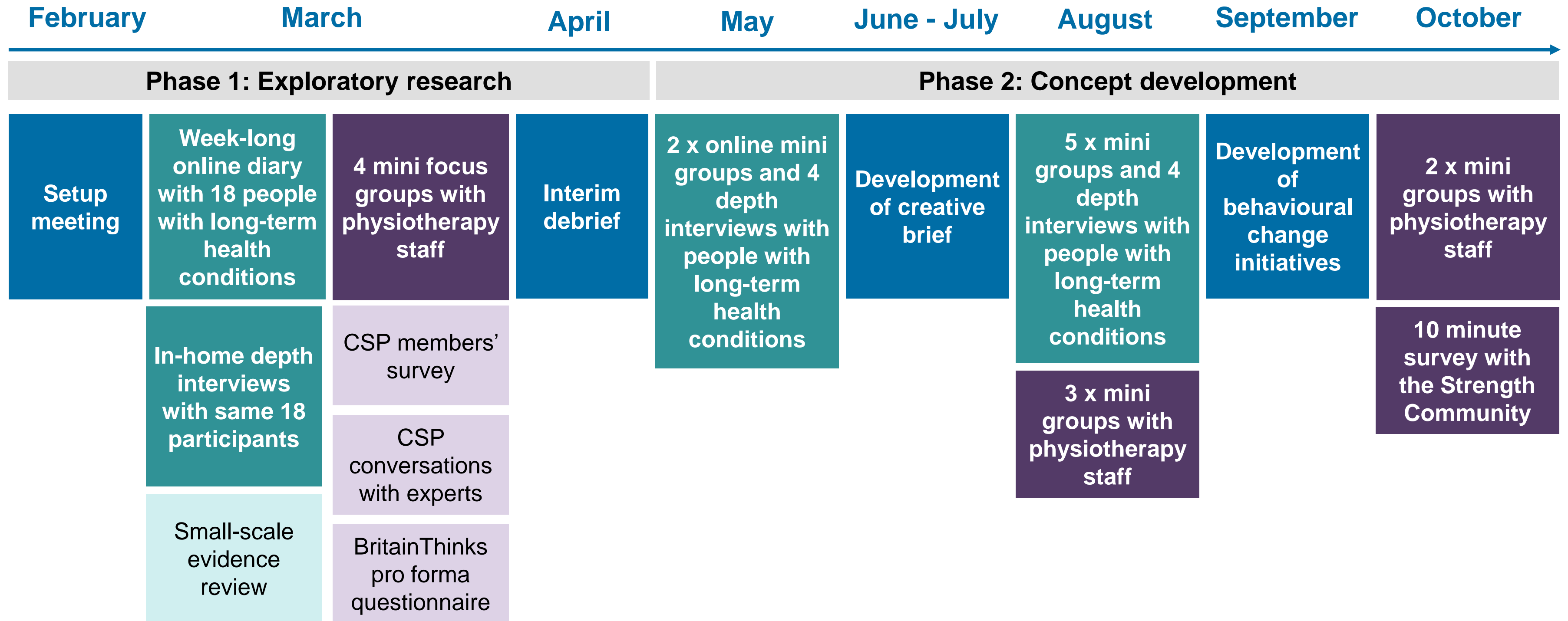


Phase 2: Concept Development

Create an initiative to encourage take-up of strengthening habits amongst the target audience, with physiotherapists acting as messengers for the communications. As part of this, obtain feedback on five possible creative routes and different conceptual approaches to the initiative, and provide a recommendation on the most effective.

¹ <https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity>

Overview of research programme



Key insights

Key insights from exploratory research with people with long-term conditions

1

There is no 'typical' inactive person with a long-term condition: this is a highly diverse audience both in terms of the nature and impact of health condition and also in terms of mindset, experiences of physical activity, demographics and lifestyle.

2

The concept of strengthening activity is much less front-of-mind than cardiovascular exercise / physical activity more broadly, while baseline awareness and understanding of strengthening guidance is very limited.

3

There is considerable potential for confusion when providing strengthening guidance and a risk of conflation with moderate physical activity more broadly, with the CMO/NHS guidelines perceived to be vague and unhelpful.

4

There is some underlying desire to do more general physical activity and interest in understanding more about strengthening activity – suggesting some potential motivation to change behaviour for the CSP initiative to tap into.

5

Short-term benefits of strengthening related to 'doing more' (e.g. ability to complete daily activities) and 'feeling better' (e.g. managing the condition, improved mood or self-esteem) tend to be more motivating than longer-term medical benefits.

6

In addition to low awareness and understanding of strengthening activity, a perception that their condition inhibits activity or would deteriorate as a result is widespread – though there is a wide range of additional barriers faced by this audience.

Key insights from exploratory research with physiotherapy staff

1

Physios all strongly believe strengthening to be important, have a detailed understanding of the benefits and claim to frequently provide strengthening advice to patients. They are likely to be willing messengers for the initiative.

2

Knowledge of the CMO strengthening guidelines is only mixed and there is considerable criticism of them in terms of how useful, clear and instructive they are. This means that they are rarely used in practice when providing guidance.

3

Instead, the strengthening advice that physios provide varies considerably. Some of this is due to a requirement to be patient-specific – but there is also significant inconsistency in terms of motivating message and supplementary resources.

4

Physios – particularly NHS staff – perceive a number of challenges to providing strengthening advice, including low patient understanding and motivation, lack of time in patient contact, lack of resources and contradictory advice from other HCPs.

5

Most physios have a good understanding of the motivations and barriers faced by the target group – but can underestimate softer, more emotional motivators (e.g. body image, self-esteem) and barriers (e.g. embarrassment, low mood).

6

Physios are often narrowly associated with short-term treatment of injury and recovery, with patients not looking to them for longer-term health, lifestyle and behavioural advice.

Key insights from post-lockdown research with people with long-term conditions

While the pre-creative testing featured a small sample size and limited time for discussions about Covid-19, the experiences of the target group suggest 3 key implications for CSP's strengthening initiative

1

Whilst experiences of the lockdown vary widely, a common experience of this audience is the level of fear they have about catching the virus. This suggests the importance of highlighting strengthening as an activity that can be completed at home and that can make you feel positive – as well as increasing your resilience

2

Many are not conscious or concerned about their activity levels decreasing as a result of the lockdown. Whilst people accustomed to walking regularly for commutes and shopping acknowledge this has decreased, they do not tend to feel physically weaker. There is therefore a challenge around convincing them of the need for reconditioning

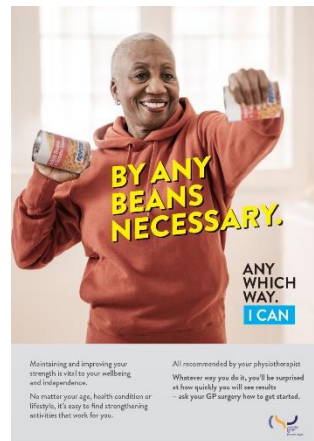
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Given the challenges of achieving cut through with communications, the initiative may benefit from addressing the audience directly. Whilst there is some awareness of recent information about physical activity, an overarching message that it is particularly important to keep active during the lockdown has not reached most of this sample

Out of the five routes tested in the creative development phase, Better With Strength and Stronger My Way performed best



- **Better With Strength** was often the preferred route, particularly for the **target audience**. This was due to a strong emotional pull (particularly due to the image depicted) and clear reference to the benefit of strengthening. It also explicitly referenced health conditions and provided the ‘how’ to do the activity with examples using household items and a specific target.
- **Stronger My Way** also performed well, particularly with **physiotherapy staff**. It very clearly depicted strengthening activity (including references in the headline, copy, and visual depiction), while the emphasis on accessibility was very appealing to the target audience.



- **Any Which Way. I Can.** was attention-grabbing, memorable and proved a talking point. However, the absence of explicit reference to strengthening in the headline and some distracting visuals (e.g. cans of beans, ambiguous physical activity) confused the message. The lack of prominent reference to health conditions meant it felt less relevant to some, while the wordplay was divisive.

- **Own My Own Strength** tended not to provoke either a strong negative or positive reaction and was rarely memorable for either audience. It was sometimes regarded as similar to Better With Strength but without the same emotional pull.



- **Stronger Rewards** was the least popular option among both audiences. The headline, visual and copy were felt to confuse the message of the campaign and what is required from strengthening activity, leading to it often being misinterpreted (both on first glance and on closer inspection).

Key insights from creative testing with the people with long-term conditions and physiotherapy staff

1

Overall, there were elements of each route that were popular. The most resonant ideas were those which conveyed the benefits of strengthening in an emotional way – that it can improve your life and enable you to do more – and which made it feel practically accessible by illustrating how it can be done at home irrespective of individuals' circumstances.

2

Because top-of-mind awareness and understanding of strengthening is low, creatives which did not prominently and explicitly refer to strengthening (in the headline and/or lead visual) led to some confusion or misinterpretation on an initial scan.

3

Creatives were considered much more relatable when they explicitly and closely reflected the target audience, e.g. prominently mentioning health conditions, showing individuals at a similar life-stage.

4

There was a tension among physios between a vocal minority who preferred a 'strict' approach, whereby the campaign would need to stress a certain definition of strengthening (e.g. requiring repetition, resistance and fatigue) and those who preferred a 'softer' approach which was more benefits-led and used a more permissive, accessible definition.

5

Because not all of the target audience within our sample currently used physios, the CTA to speak with their physio could feel unintuitive, unrealistic or insufficient. While adding GP as a potential avenue did help to make the CTA somewhat more accessible and relevant, many felt that their GP also did not feel like an intuitive source of support.

6

Whilst the target audience did seem to better understand and be more motivated to do strengthening after exposure to the creatives, there is unlikely to be long-term behaviour change without the support of extra resources (with ideas like tailored programmes, social networks, instruction/guidance and inspirational case studies strongly appealing).

Key insights from behaviour change initiative testing with physiotherapy staff

1

The Covid-19 pandemic has made the need for strengthening more important (due to deconditioning and restricted access to medical support) – but has also made it harder for physios to test patients' strength and encourage them to do more strengthening.

2

Of the two behaviour change interventions, there was an overwhelming preference for Option 1 – the strengthening programme: physios felt giving patients a personal quality-of-life goal would be motivating, while giving physios a clear role in helping patients achieve this goal was seen to more effectively drive behaviour change.

3

Option 2 – the communications campaign – was felt to fill an important gap in public health messaging about strengthening – but there were concerns about whether it would effectively cut through to the target audience and inspire genuine change.

4

All of the supporting resources tested were popular, though physios particularly liked motivational training and guidance on how to talk about strengthening with patients facing challenges.

5

Physios felt that any intervention should feature an online hub as a one-stop-shop for the different resources, whilst including offline alternatives for patients with lower digital access.

Methodology

Phase 1 methodology: people with long-term conditions

Online diary

- Total of 18 participants with long-term health conditions
- 1 week-long diary exercise to explore daily routines, impact of health condition and extent of physical/strengthening activity
- Completed online or on pen/paper for those with accessibility issues
- Conducted w/c 2nd March 2020

In-home interviews

- Including all 18 participants from the online diary exercise
- 45-60 minute depth interview in participants' homes
- To explore experiences, understanding, motivations and barriers related to strengthening
- Conducted 10th – 13th March 2020

Evidence review

- Small-scale review of existing evidence sources
- To explore existing insights about the audience, guidelines for communicating with them, and relevant campaigns to test

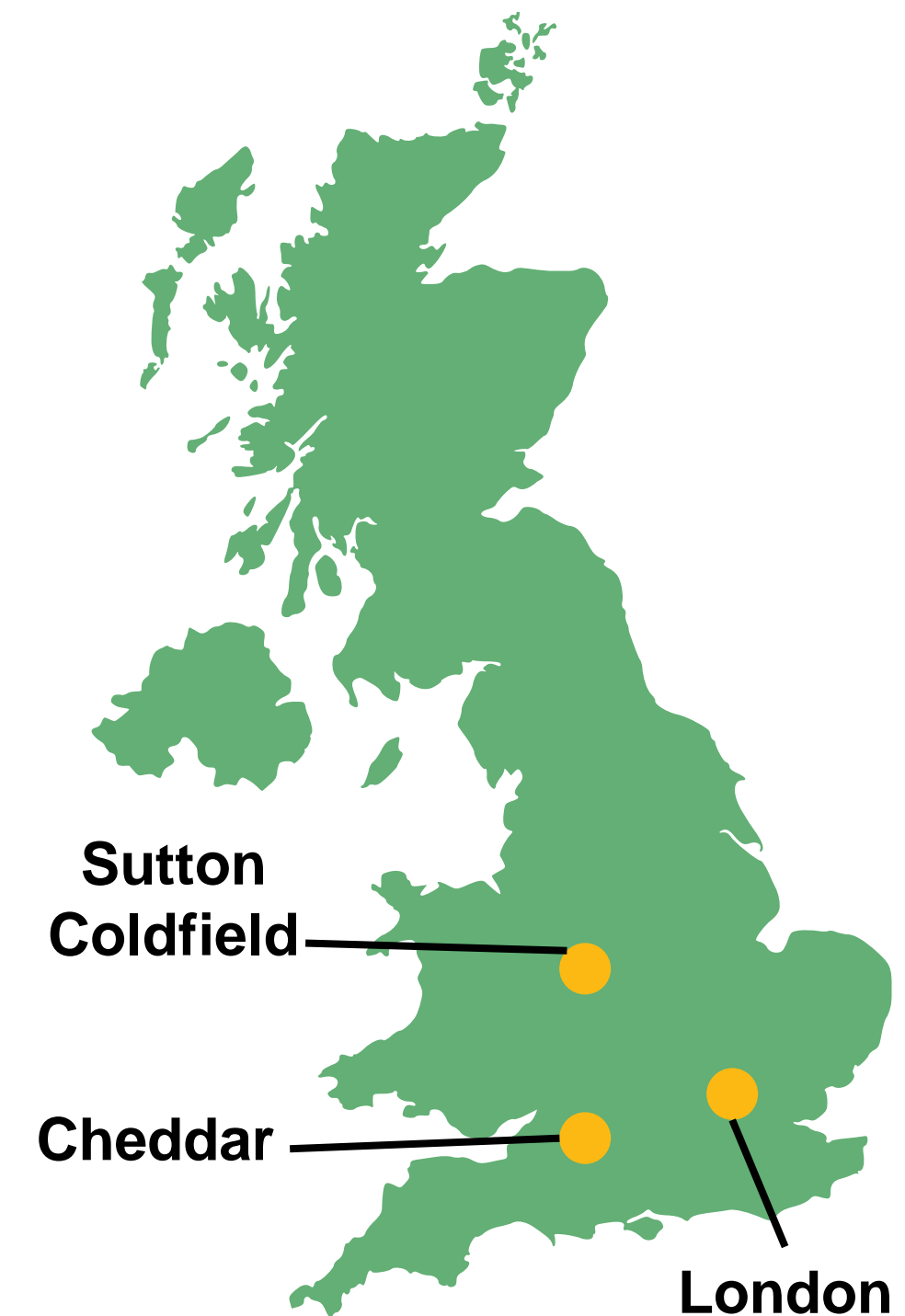
Core method

Supplementary method used to triangulate and cross-reference findings

Phase 1 sample: people with long-term conditions

Total of 18 participants in primary research

- All with long-term health condition (musculoskeletal, neurological, oncology, cardiorespiratory)
- Spread of locations (6 x London; 6 x Sutton Coldfield; 6 x Cheddar)
- Mix of gender (9 x women; 9 x men)
- Mix of age (3 x age 30 – 38; 6 x age 39 – 44; 6 x age 45 – 64; 3 x age 65 – 74)
- Mix of SEG (9 X ABC1; 9 x C2DE)
- Mix of ethnicity reflective of local population (5 x BAME in total)
- Mix of fairly active and inactive; none doing strengthening exercises regularly
- Mix of household composition



Phase 1 methodology: physiotherapy staff

Mini focus groups	Additional pro-forma responses	CSP members survey	Interviews with industry experts
<ul style="list-style-type: none"> • 4 groups, each lasting 75-minutes and with 4-5 physio staff members per session • To explore attitudes to strengthening, experiences of providing advice and understanding of patients with LTCs • Conducted 2nd – 5th March 2020 	<ul style="list-style-type: none"> • Short, open-text questionnaire (key questions from focus groups) shared with physiotherapy staff who expressed interest but were unable to participate in focus groups • Completed by 12 physiotherapy staff • Conducted March 2020 	<ul style="list-style-type: none"> • Online survey with 6,267 CSP members • Selected questions on subject of strengthening • Conducted February – March 2020 	<ul style="list-style-type: none"> • Conversations with 5 industry experts completed by CSP • March 2020

Core method

Supplementary methods used to triangulate and cross-reference findings

Phase 1 sample: physiotherapy staff

Total of 17 participants in primary research

- 17 participants in total
- 2 x groups in Leeds; 2 x groups in London
- 2 x groups higher seniority (bands 7+); 2 x groups lower seniority (bands 4 – 5)
- Mix of gender within each group
- Mix of specialisms across the sample (musculoskeletal, neurological, oncology, cardiorespiratory)
- Mix of setting across the sample (acute, community, tertiary)
- **Physiotherapy staff self-selected to participate in the research; all had prior knowledge that the research was on strengthening**



Phase 2 pre-creative testing: methodology and sample



2 online mini focus groups

- 75-90 minute sessions with 4-5 participants in each
- Explored impact of Covid-19 and tested a range of stimulus ideas via materials shared on screen
- Conducted 27th May 2020

- Groups split by perceived ability to do strengthening: one group feeling more able, one feeling less able
- Mix of long-term health conditions; mix of inactive and fairly active participants; none frequently doing strengthening
- Participants from London, Walsall and Lancashire
- Mix of gender, SEG and ethnicity



4 telephone depth interviews

- 45-60 minute one-on-one interviews
- Explored impact of Covid-19 and tested a smaller number of stimulus ideas over the phone
- Conducted 28th – 29th May 2020

- All participants infrequent users of the internet
- Mix of long-term health conditions; mix of inactive and fairly active participants; none frequently doing strengthening; mixed perceived ability to do strengthening
- Mix of locations and demographics as above

Phase 2 creative testing: methodology and sample - target audience

5 mini focus groups with target audience

- 75 minutes, with 4-5 participants per group
- 4 out of 5 groups of 'inactive' participants and split by SEG, life-stage and age:
 - 1 x ABC1, aged 39 – 55, live with children under 18
 - 1 x ABC1, aged 50 – 64, do not live with children under 18
 - 1 x C2DE, aged 39 – 55, live with children under 18
 - 1 x C2DE, aged 50 – 64, do not live with children under 18
- 1 group of 'fairly active' participants, including a mix of SEG, age and life-stage

4 in-depth interviews with target audience

- 45-minute, one-on-one interviews
- All participants were infrequent users of the internet, none used social media
- All were inactive
- Mix of SEG representation

- All had at least one long-term health condition (musculoskeletal, neurological, cancer, cardiorespiratory) that has an impact on their daily life
- None were currently doing strengthening activity
- Mix of gender and BAME representation (6 BAME participants in total)
- Participants drawn from London, Peterborough, and the outer-Leeds area (e.g. Wakefield)
- Fieldwork conducted: August 2020

Phase 2 creative testing - methodology and sample: physiotherapy staff

3 mini focus groups with physiotherapy staff

- 75 minutes, with 4-5 participants per group
- 2 x groups higher seniority (bands 7+)
- 1 x group lower seniority (bands 4 – 5)
- Mix of gender within each group
- BAME representation (3 BAME participants)
- Mix of specialisms across the sample (musculoskeletal, neurological, oncology, cardiorespiratory)
- Mix of setting across the sample (acute, community, tertiary)
- Fieldwork conducted: August 2020
- **Physiotherapy staff self-selected to participate in the research; all had prior knowledge that the research was about a campaign to encourage strengthening activity.**

Phase 2 behaviour change initiative testing: methodology and sample

The aim of this stage of research was to understand what would support physiotherapists to encourage behaviour change among the target audience - in particular, by exploring views on two behaviour change interventions and different resources that may support these. This was conducted via two methods:



Quantitative survey

- 10-minute online survey (via SurveyMonkey)
- 136 members of the Strength Community
- Conducted: 6th – 12th October 2020



2 mini focus groups

- 75 minutes, with 5 participants per group
- 1 x group higher seniority (bands 7+)
- 1 x group lower seniority (bands 4-6)
- Mix of gender within each group
- Mix of specialisms across the sample (musculoskeletal, neurological, oncology, cardiorespiratory)
- Mix of setting across the sample (acute, community, tertiary)
- **Physiotherapy staff self-selected to participate in the research; all had prior knowledge that the research was about an initiative to encourage strengthening activity.**

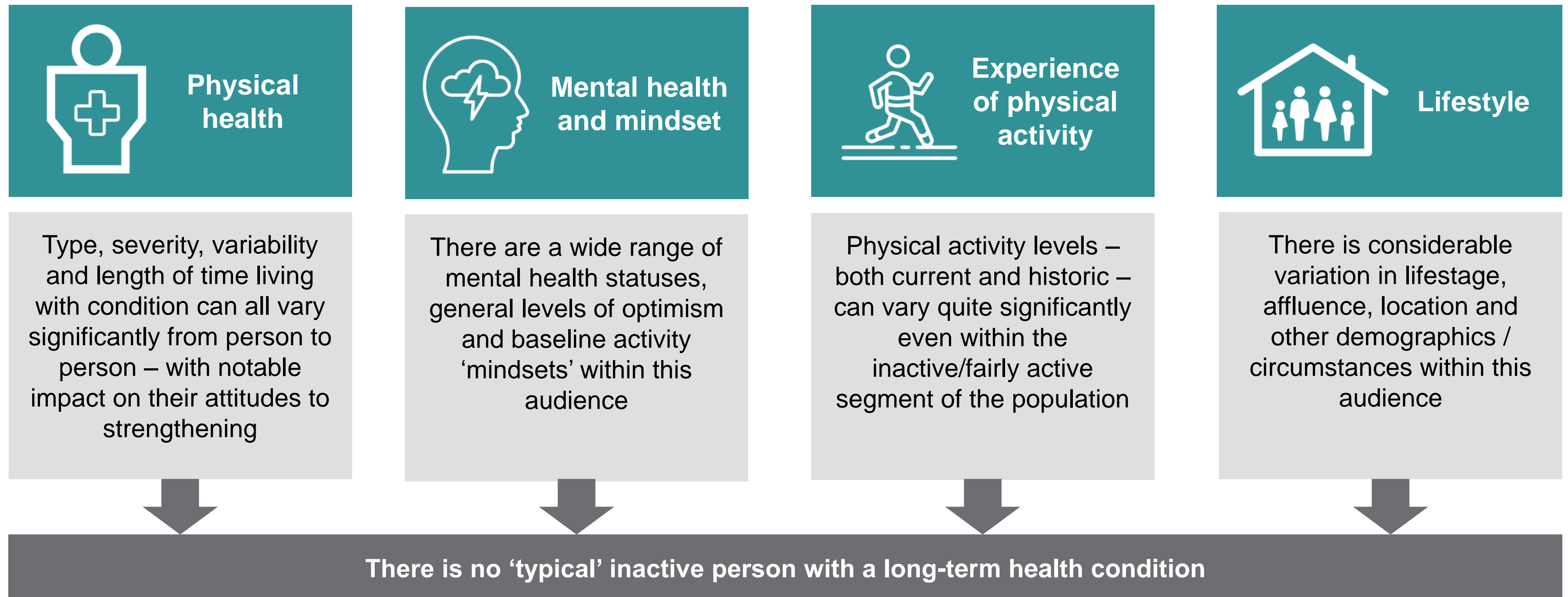
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About our audiences

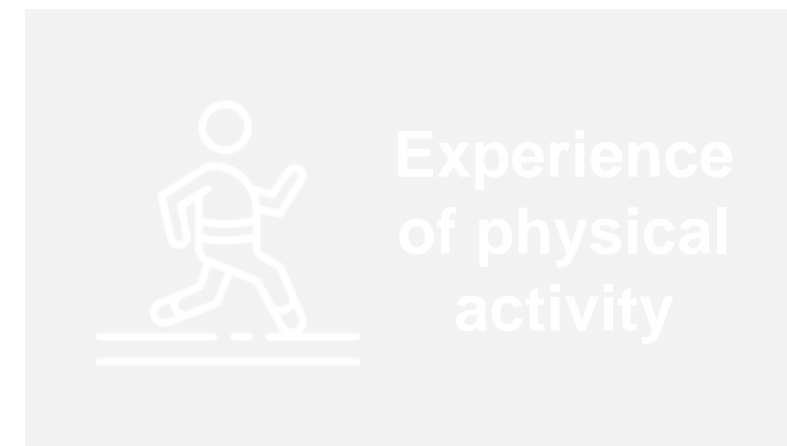
The findings in this section are based on the Phase 1 exploratory research conducted in March.

People with long-term conditions

The target group is highly diverse, with four main variables affecting their experiences and strengthening behaviours



The nature and impact of health conditions varies significantly between members of the target group



- **Type, severity and/or number of conditions and symptoms:** e.g. a cancer patient who spends most of their time recovering and resting; an MS sufferer with limited mobility who expects symptoms to worsen over time; an asthma patient who has limited symptoms
- **Variability of health:** e.g. fibromyalgia sufferers who have unpredictable symptoms; hip replacement patients with consistent, limited mobility
- **Length of time living with condition:** e.g. an asthma patient who was diagnosed as a child; a rheumatoid arthritis patient whose symptoms began in her 40s

“Today it's nice and sunny and I think 'oh I'll do some weeding in the garden'. One day I can do four hours, the next I can't even pull out a weed.”

Target Group, Female, Cheddar

“I've got so used to it I don't even recognise the pain, it's sort of part of me now.”

Target Group, Female, Sutton Coldfield

Some of the audience have mental health conditions, and all have very different outlooks on life (and activity)



- **Mental health:** in addition to their physical conditions, some have mental health conditions (e.g. depression, anxiety) affecting their mood and outlook
- **General levels of optimism/pessimism:** this can relate to confidence about their condition improving or how motivated/upbeat they are generally
- **Mindset towards activity:** as per previous research,¹ there are also various mindsets specifically related to activity:
 - **The worriers:** who are afraid activity will cause them harm
 - **The persistent:** who persevere with activity in spite of limited ability
 - **The confident:** who are less worried about the impact of LTC on activity

“I’ve had MS for 13 years, but I think it started when my brother died [...] I don’t do many [hobbies], it’s hard to see the point.”

Target Group, Male, Cheddar

“You’ve got to have a positive attitude. Because this disease can make you very depressed, you need to have something to keep your mind ticking over.”

Target Group, Female, Sutton Coldfield

While none are currently very physically active, some are more active than others (or have been in the recent past)



- **Current activity levels:** those who are inactive very rarely leave the house and have little routine; those who are fairly inactive do some activity, e.g. at work, while caring for others, walking the dog
- **Current strengthening:** people's strengthening habits vary from those who do little/none, to those who have been advised to do specific activities to help with their LTC or another, unrelated issue (though not all follow this advice)
- **Past activity levels:** some have always been inactive, particularly those with longstanding health conditions; others with more recent diagnoses were much more active until relatively recently (e.g. playing football several times a week)

"I walk the dog every day [...] I love walking and think it's really important for people like me who are getting older."

Target Group, Male, London

"Maybe a bit when I was younger, but I've never done much exercise and right now I never really want to."

Target Group, Female, London

There is also considerable diversity within this audience in terms of lifestage, affluence, support network and other demographics



- **Lifestage:** full or part-time workers feel it is harder to find time compared to those in retirement; people's children and caring responsibilities can eat up spare time as well (but can also provide motivation for self-improvement)
- **Financial circumstances:** some live in low-income households rely on benefits or pension income and lack disposable income; others in much more affluent circumstances can afford gym memberships, transport and equipment
- **Support network:** some live alone or with a partner who also has a health condition, while others have larger families or friend networks to provide support

"We have our 7-year-old and our newborn at home... Once I've recovered [from cancer] I want to be back full-time in the office again."

Target Group, Male, London

"I used to do more exercise to help me with MS. I stopped when I was worried about whether or not it would affect my next PIP assessment."

Target Group, Male, Cheddar

Ultimately, this is an incredibly diverse audience – and one that is aware of how unique their particular circumstances are

Paula, 70, Sutton Coldfield

Paula has arthritis and diabetes but her primary challenge is her fibromyalgia, which causes her severe pain, fatigue and memory issues.

Steven, 47, Cheddar

Steven has multiple sclerosis and experiences constant pain as well as issues with his strength and balance.

James, 35, London

James has asthma, rhinitis and sinusitis. He finds the conditions are mostly manageable, though he is fearful of unexpected asthma attacks.

Sophie, 44, Cheddar

Sophie has psoriatic arthritis, which means she can't sit or stand for too long and has fluctuating pain and fatigue.

NB. Names are pseudonyms to protect participant confidentiality

Paula, 70, Sutton Coldfield

Paula is retired and lives with her husband John in a retirement community which she is active in and volunteers for.

She has arthritis and diabetes but her primary challenge is her fibromyalgia, which she was diagnosed with 3 ½ years ago. The fibromyalgia causes her severe pain, fatigue and memory issues. Her condition fluctuates – some days she is able to do more than others.

She does a lot of housework during the week, although not as much as she'd like to be able to. She has to rest a lot due to her fatigue and, as she cannot walk very much, she gets around in taxis or is driven by her brother.

She is not very active at all, although she sometimes goes to the swimming pool with her brother to walk or float in the water, as swimming hurts her neck. She last went three weeks ago and it left her in a lot of pain the next day. She used to do a little more physical activity before her diagnosis, such as going for long walks and even lifting weights when she was younger.

She thinks strengthening activity could make her feel better and help her be more independent in her daily life but struggles to see how it would manage pain as in her experience, it has made it worse. As her condition fluctuates, it is difficult to stick to a routine. However, she's open to trying anything if she thinks it'll help.

"I thought I was becoming a hypochondriac because I thought how could I possibly be experiencing this much pain?"

"I know strengthening your body has got to help you, hasn't it? But there's just this thing of some days I could do it and other days I couldn't."

Steven, 47, Cheddar

Steven lives with his cat in a house next door to his parents. He is unable to work due to his health condition.

He was diagnosed with multiple sclerosis (MS) 13 years ago, although he believes his condition came on just after the death of his twin brother 22 years ago, an event which greatly affected him. His condition means that he experiences constant pain and issues with strength, balance and mobility.

He rarely leaves the house these days – particularly since hearing about coronavirus. His life religiously follows a routine, which includes taking care of his cat, Stoker, having breakfast with his parents next door and seeing his girlfriend on the weekends.

His life has drastically changed since his diagnosis 13 years ago; even a few years ago he would still go to the shops but now he orders everything online. He can no longer play the sports he used to love and does little physical activity except his daily stretches which aid mobility. When outside, he walks with a stick.

He was given strengthening exercises to do by a physio who checks in on him every two months but he recently stopped doing them due to ‘complacency’. He would find it useful if strengthening activity were to help him go about his day – the stretches he does and his medication currently help with this. Overall, though, he sees himself as disabled and doesn’t feel that anything can really improve his MS.

“I try to get up every day, have a shave, have a shower. I have to get up every day because I have to take care of Stoker.”

“I can’t go to my twin brother’s grave anymore because it’s too difficult. I used to go there every week and for the past three years I haven’t been able to go as the ground is too bumpy.”

James, 35, London

James lives with his wife, baby and cat. He is a tutor, driving to and from schoolchildren's homes throughout the week.

He has severe asthma, allergic rhinitis, sinusitis and hypermobility, which affect his energy levels. He finds the conditions are mostly manageable, although they all impact on each other and so there are particular times, such as hay fever season, that are more difficult. He is fearful of unexpected asthma attacks as they can escalate suddenly – he recently had to spend a night in A&E on a nebuliser.

He has had to change his lifestyle to be outdoors less, including changing his job and no longer playing sports like tennis with his friends, which he misses. He likes working freelance now as it enables him to have more breaks in between work, to help with tiredness. He does strengthening exercises regularly, given to him by a physio, for his back pain relating to hypermobility. He also goes on fairly long walks most weekends. In the summer, he is more active as he helps run Duke of Edinburgh expeditions.

He didn't understand the benefits of strengthening activity until they were explained to him by his physio and chiropractor and was mainly motivated when he was told that it would improve the pain he was experiencing. He would also like to lose weight.

However, he finds it difficult to have the time or energy and is concerned about pain or damaging his immune system. He would like to be active in a more sociable way than his current routine.

"It impacts on everything - you always have at the back of your mind what you can do, what you can't do... You physically retreat because you don't want to push it too far and have problems."

"[Back exercise] isn't something that I particularly look forward to, it's something I feel that I have to do to sleep comfortably. Once I sleep well, I feel a lot better. It's a bit of a delayed reaction."

Sophie, 44, Cheddar

Sophie lives with her husband and two teenage children. She is currently not working due to her health condition, although is looking for a part-time job.

Her psoriatic arthritis began suddenly three years ago at a stressful time in her life. Her condition means she can't sit or stand for too long and has fluctuating pain and fatigue. Initially, she was given time off work as her symptoms were quite mild but they became more severe, resulting in her losing her job last year. Losing her job has led to substantial financial difficulties as well as mental health issues.

She doesn't like sitting at home all day so she tends to over-exert herself, booking in various social activities, which makes her condition worse. Her social life has drastically changed since her diagnosis, especially as she stopped drinking due to the medication she was on.

She used to do pilates, zumba, and a step class each week, and enjoyed the social aspect in particular. Now, the uncertainty of her health condition and her finances mean she can no longer take part in classes, although she would like to.

She went on a 12-week weight management physio course for people with arthritis, which involved strengthening. She enjoyed this, despite it mainly being filled with older people and felt stronger after finishing it. She would like to do something similar again if it were available to her.

"Before the illness, I worked in a hotel, I was very dedicated, I've worked since I were 14 and that's what I hate the most - that I can't be that person anymore."

"I keep telling myself that I'm gonna do this and I'm gonna do that but I just don't get round to it... I just get tired and a bit negative and I'm just like 'what's the point?' But maybe I'd feel better in my mental state if I did it."

Physiotherapy staff

The physio audience is diverse in several ways, resulting in a variety of experiences



NHS / Private

- Those working for NHS tend to cite additional challenges, e.g. a lack of time, lack of resources (from equipment to handouts) and patients who are perceived to be less motivated



Setting

- Community physios tend to see patients in their homes, whilst tertiary and acute physios practice in a more clinical setting which can make experiences of providing support vary (e.g. some patients are more comfortable in their own home)
- Some staff also have academic commitments



Patient caseload

- Some physios have a broad caseload and see patients across several specialties (e.g. MSK, neuro, cardiorespiratory)
- Other physios' caseload is more niche, e.g. seeing only COPD patients or only patients of a certain age range (e.g. over-70s)



Seniority / experience

- More senior physiotherapy staff typically see fewer patients and have other commitments (e.g. academic) compared to those in lower bands

The physio audience is diverse in several ways, resulting in a variety of experiences

Sally, Leeds

Sally is a community physio, based near Leeds.

She typically works with older people, often in their homes.

She works in tandem with other care workers to provide holistic care to her patients, so physiotherapy is a small part of their overall treatment programme.

Paul, London

Paul is based in London. He splits his time across NHS work and private practice.

He mainly focuses on musculoskeletal outpatients but covers a broad age range (11-80). He sees a variety of injuries within his caseload.

Jennifer, Leeds

Jennifer is based at a large NHS teaching hospital, on the cardio ward.

She primarily works with patients with severe COPD whilst they are an inpatient on the ward. Her aim is to prepare them with enough strength for discharge.

Harry, London

Harry is a lecturer in physiotherapy at a university, as well as managing physio outpatient clinics for the NHS and private practice.

He is a strength and conditioning specialist and promotes this amongst peers.

NB. Names are pseudonyms to protect participant confidentiality

3

Physiotherapy staff experiences of providing strengthening advice

The findings in this section are based on the Phase 1 exploratory research conducted in March.

Perceptions of strengthening advice and guidelines

All of this (self-selecting) physio audience strongly believe strengthening to be important

“The root cause of pain is often due to muscle tightness and weakness so it can improve their pain through addressing that.”
Physiotherapy Staff, London

“It helps maintain function and mitigates against loss of muscle mass and bone density.”
Physiotherapy Staff, Leeds

“If someone is stronger they can go out and socialise more – you need to sell them the real-life benefits.”
Physiotherapy Staff, London

“It improves physical function - strength, balance, hypertrophy – and reduces falls.”
Physiotherapy Staff, Leeds

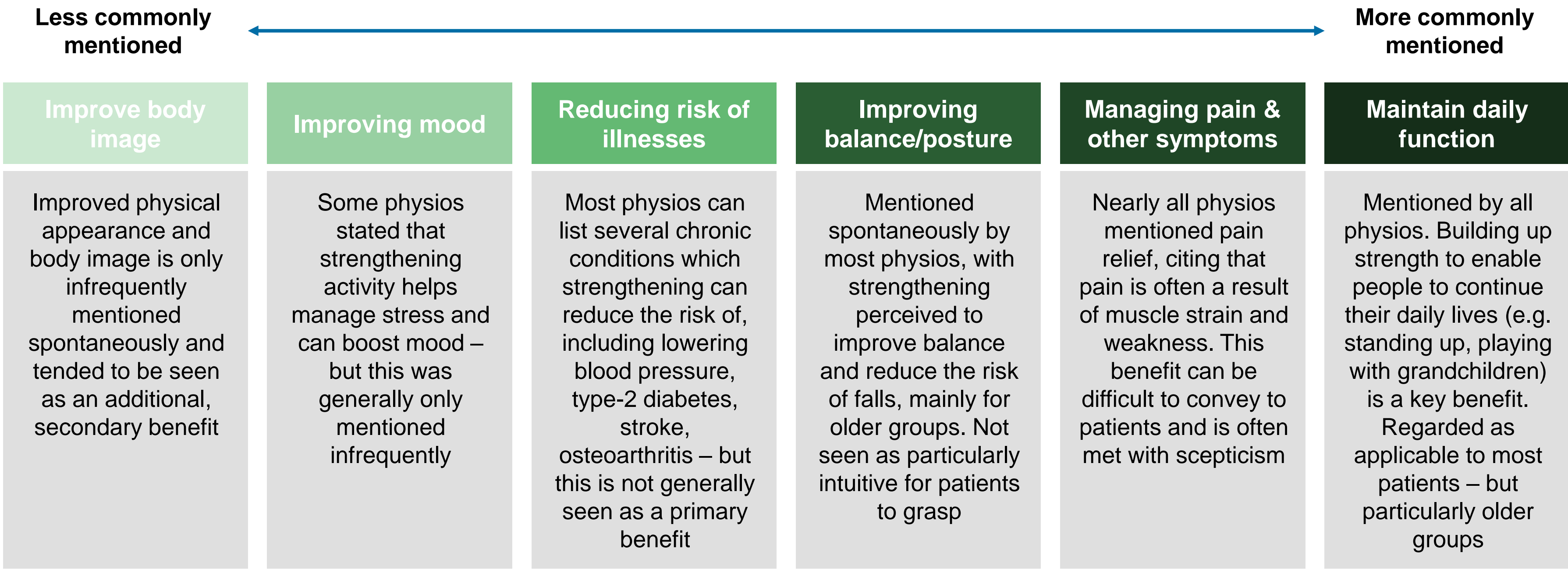
“It lowers the risk of general health problems and decreases old age progression.”
Physiotherapy Staff, Leeds

“If your muscles are stronger you may have less symptoms of heart/lung conditions.”
Physiotherapy Staff, London

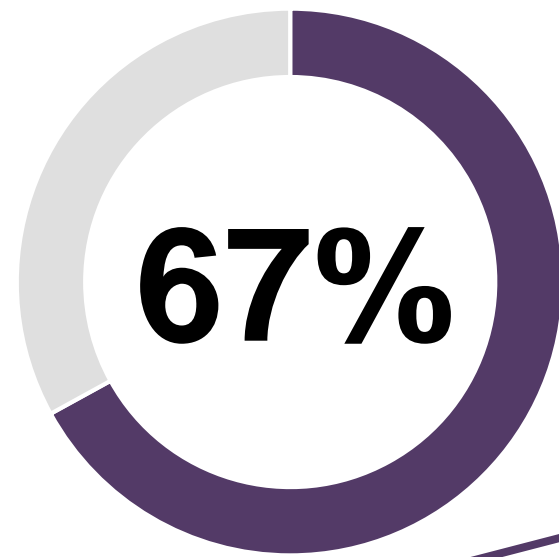
Industry experts feel strengthening does not feature enough on the physio curriculum but note increasing interest in the topic (e.g. by increased numbers taking Strength and Conditioning Masters' degrees)¹

¹ Based on CSP conversations with industry experts conducted as part of this project.

Physios cite a wide range of perceived benefits of strengthening activities



While strengthening is perceived as important, knowledge of the specific CMO guidelines is more mixed



Of respondents to the CSP survey think **undertaking muscle strengthening twice a week** is included in the CMO guidelines

- Social enterprise/charity/not-for-profit: 71%
- Other: 71%
- NHS: 69%
- Public: 68%
- Private: 63%
- Not working: 46%
- Further and higher education: 25%

“I don’t think the strengthening guidance is well known. A lot is known about the cardiovascular aspect of it but the strength training part is less well known.”
Physiotherapy Staff, London

In the focus groups, some – but not all – were aware of the CMO guidelines. Even if aware of the existence of the guidelines, not all knew what they specified. Ultimately, the CMO guidelines are not being looked at as *the* source of strengthening advice by physiotherapy staff

Those with less awareness of the guidelines tended to be more junior physios

Q31 Which of the following are included in the Chief Medical Officer's guidance on strengthening activity? Select all that apply. Base: 6267. CSP Annual Member Survey, February-March 2020.

Physios are often critical of the guidelines and believe they need to be adapted if they are to be useful for patients

All adults should undertake muscle strengthening activity, such as



exercising with weights yoga or carrying heavy shopping

at least 2 days a week

X Range of specified activities is too broad, with activities either unrealistic or insufficient

“Yoga is quite broad – there is some hard yoga and you are using bodyweight as resistance but then there is some that is less so.”
Physiotherapy Staff, London

X Amount of prescribed activity is insufficient to be beneficial

“Patients will mostly only do half the amount recommended so it should be double to achieve anything.”
Physiotherapy Staff, London

X Amount of activity is too vague as it doesn't specify duration or intensity per activity

“Carrying your shopping twice a week is very different to exercising with weights twice a week.”
Physiotherapy Staff, London

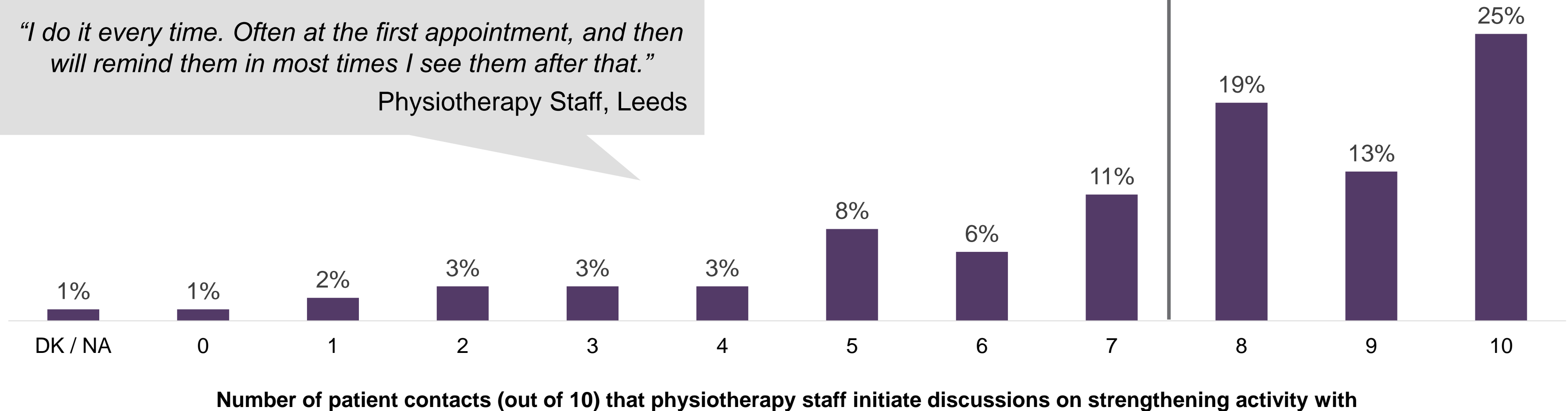
Experiences of providing strengthening advice

Physios report giving strengthening advice at almost every patient contact

In focus groups, almost all participants claimed to give strengthening advice to their patients at every contact

On average, respondents to the CSP members' survey initiated discussions on strengthening activity **7.5 times** out of every 10 patient contacts

"I do it every time. Often at the first appointment, and then will remind them in most times I see them after that."
Physiotherapy Staff, Leeds



Q33 On average, out of every 10 patients contacts, how many times do you initiate discussions about strengthening activity with your patients? Base: 6267. CSP Annual Member Survey, February-March 2020.

While strengthening advice is provided frequently, the nature of this advice varies quite considerably

Nature of assessment	Motivating message	Recommended exercise and frequency	Supplementary resource
<ul style="list-style-type: none"> Some assess strength using a formal strength assessment and base advice on the results Other physios use functional assessments to provide advice 	<ul style="list-style-type: none"> The majority use a 'carrot' approach and emphasise positive benefits of activity – usually around maintaining function or independence (though this varies) A minority prefer to remind patients of the negative consequences (e.g. health risks) 	<ul style="list-style-type: none"> Preferred exercises and guidance around frequency vary significantly between participants (even allowing for patient-specificity) Some use dedicated exercises whilst others tailor exercise to specific goals (e.g. lifting an arm to brush hair.) Numbers of repetitions and frequency of recommended exercise vary as well 	<ul style="list-style-type: none"> Advice is typically provided orally across the board But use of supplementary resource varies. Some use visual aids or exercise sheet hand-outs; some provide a demonstration while others point patients to online videos; a minority can provide patients with equipment (e.g. resistance bands) or access to classes or facilities

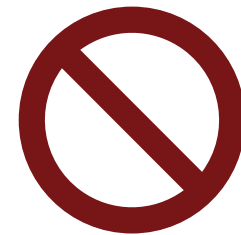
While strengthening advice is provided frequently, the nature of this advice varies quite considerably

Nature of assessment	Motivating message	Recommended exercise and frequency	Supplementary resource
<p><i>"I don't necessarily do a formal strengthening test for everyone. I sometimes will gauge it off functional tests."</i> Physiotherapy Staff, London</p>	<p><i>"You have to give them a meaningful, personal goal for them to work towards."</i> Physiotherapy Staff, Leeds</p>	<p><i>"You should try to do strengthening exercises 2-3 times a week working to 2-3 reps before failure."</i> Physiotherapy Staff, Leeds</p>	<p><i>"I will tell them about it... accompanied with written-out instructions for exercises."</i> Physiotherapy Staff, London</p>
<p><i>"I do strengthening tests with every patient I see, without fail."</i> Physiotherapy Staff, London</p>	<p><i>"Try to highlight their decreased strength with a functional task, for example sit to stand. Educate them on why they may be weak."</i> Physiotherapy Staff, London</p>	<p><i>"I probably advise the CMO guidelines for 5% of my patients as often they are too weak to be carrying their shopping."</i> Physiotherapy Staff, London</p>	<p><i>"I like to do a demonstration and get them to film me on their phone. Then they have that to take away with them."</i> Physiotherapy Staff, Leeds</p>

The inconsistency of advice stems from several factors that reflect the diversity of the physio (and patient) audience

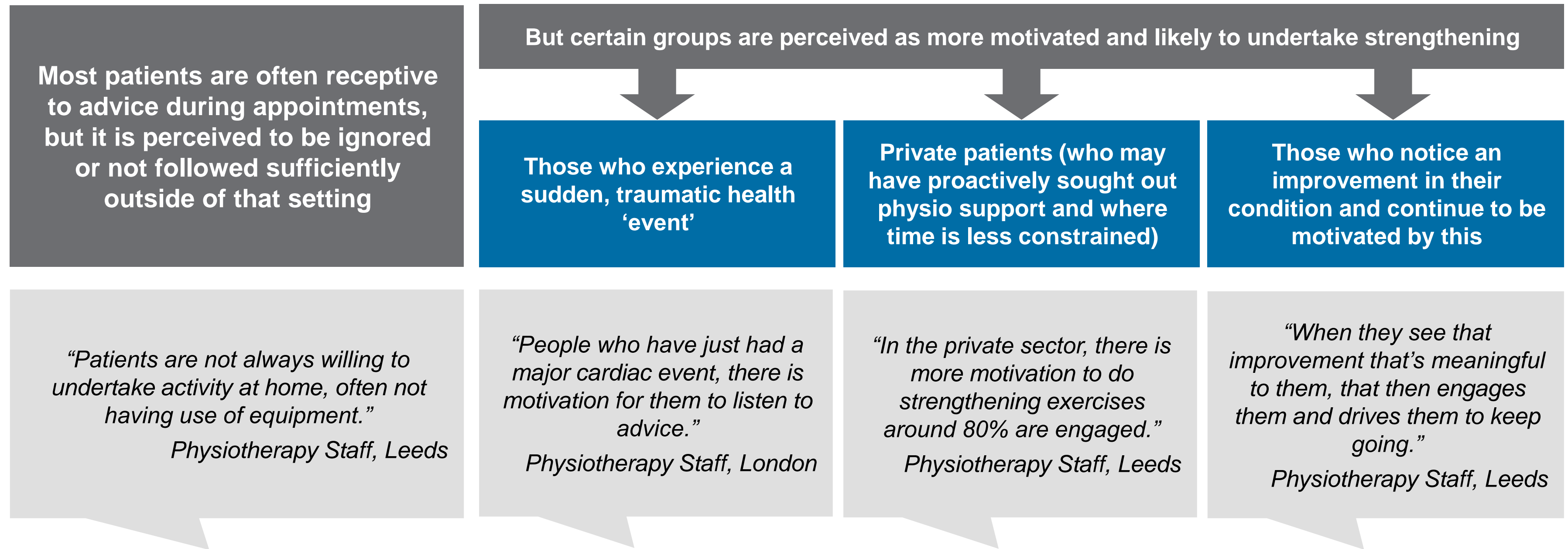
Time available	Availability of supplementary resource	Lack of commonly accepted message	Need for patient specificity
<p>Busy schedule and lack of time can make it difficult to convey a sophisticated message or demonstrate activities sufficiently so patients understand them</p>	<p>Lack of resources, particularly for NHS staff, mean that patients are often only given exercise sheets</p>	<p>Mixed awareness (and some criticism) of the CMO guidelines means there is no one accepted consistent message, with many physios feeling the need to develop their own advice</p>	<p>The diverse nature of patient needs means that strengthening advice needs to be highly tailored (both in terms of prescribed exercises and motivating benefits)</p>
<p><i>“Time is a challenge – both for the patient and practitioner.”</i> Physiotherapy Staff, Leeds</p>	<p><i>“All I have are exercise sheets, which are so old and just so uninspiring. But that’s all I have!”</i> Physiotherapy Staff, Leeds</p>	<p><i>“I don’t tend to phrase it as a ‘strengthening exercise’ because I work with dementia patients who might not necessarily carry it on.”</i> Physiotherapy Staff, London</p>	<p><i>“Every patient is different, even if their issues seem similar they will be motivated by different things. So you have to make your advice patient specific.”</i> Physiotherapy Staff, Leeds</p>

In general, physios are sceptical that their advice is being followed – and face several barriers when providing strengthening advice



Low patient understanding	Time available	Lack of resources / referral options	Patient motivation	Inconsistent advice from other HCPs
<p>Many feel that there is low public understanding of the concept and benefits of strengthening – much lower than physical activity generally. This can make it difficult to ‘land’ advice and means they are often starting from scratch</p>	<p>A lack of time to clarify what is meant by strengthening, articulate the most motivating benefits, make an accurate assessment and provide advice / demonstration undermines the quality of guidance (particularly for NHS staff)</p>	<p>Supplementary resources and referral options are believed to increase patient uptake and behavior change – but aren’t available to all physios, e.g. those in the NHS (lack of equipment), or rural areas (lack of classes / facilities)</p>	<p>Even those patients who are receptive to strengthening advice and understand the benefits encounter motivational barriers, including simply forgetting to build strengthening into a routine, and viewing it as short-term ‘treatment’ rather than a longer-term lifestyle change</p>	<p>Other HCPs often either do not provide strengthening advice or provide contradictory advice (e.g. encouraging to rest or avoiding any activity that is painful or strenuous)</p>

While most advice is assumed *not* to lead to behaviour change, certain groups are perceived to be more motivated

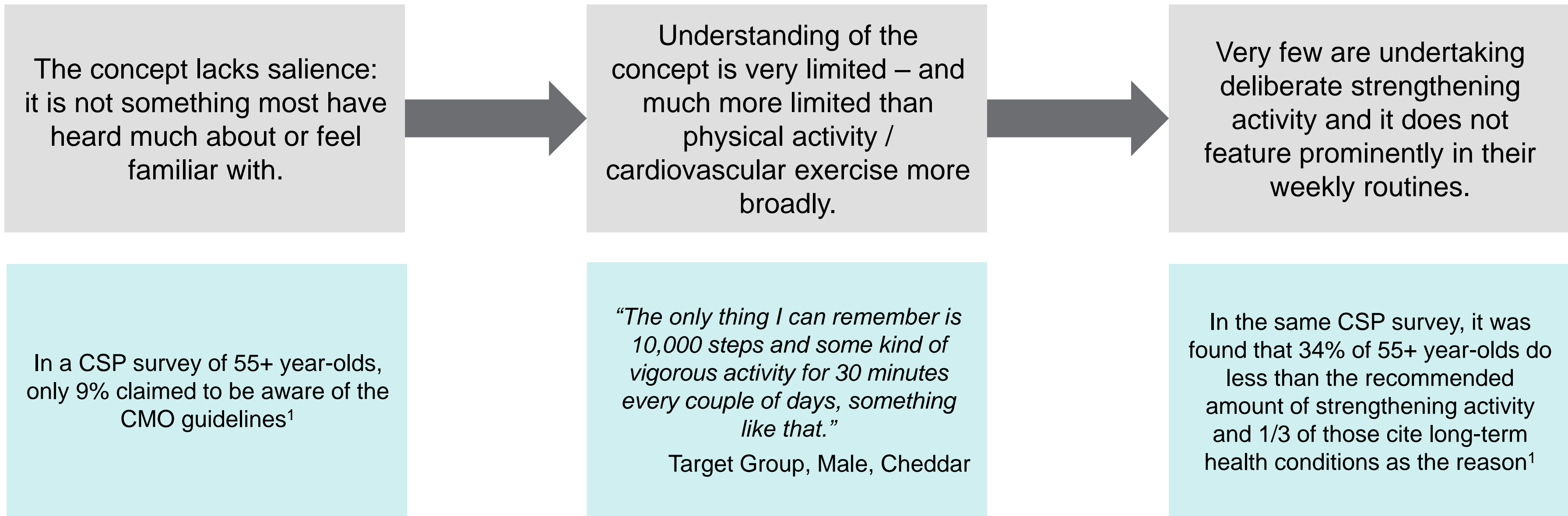


4 The target group's perceptions and experiences of strengthening activity

The findings in this section are based on the Phase 1 exploratory research conducted in March.

Understanding of and attitudes to strengthening guidance

The concept of strengthening activity does not tend to be very top-of-mind for this audience



¹ Survey carried out by Opinium, September 2017. Base: 2007.

This group's spontaneous associations of strengthening activity are fairly narrow, do not feel relatable (and can be off-putting)

When asked what came to mind when thinking about strengthening activity, associations tended to relate to four themes:

Building muscle

"It's about building muscles and your core."

Target Group, Female,
Cheddar

Lifting weights and going to the gym

"Strengthening means going to the gym, weightlifting, maybe the rowing machine."

Target Group, Male,
Sutton Coldfield

Bodybuilders

"I think of 'well 'ards' in the gym... The weights section, body-building, muscle mass, weight-training."

Target Group, Male,
Cheddar

Recovering from injury

"If you have a slipped disc or anything like that, the idea is to move about and strengthen the muscles."

Target Group, Male,
London

There is no awareness of strengthening guidelines and people overestimate what these might be

"I have no idea. [...] I think people who don't have MS should probably do it 7 days a week."

Target Group, Male, Cheddar

"Maybe 30 minutes a day, every other day?"

Target Group, Male, London

"If it's something you can do, then I'd say you need to do 3 hours a week, minimum."

Target Group, Male, London

"I've not heard of any guidelines related about that. There's a lot telling you about how much you should drink and about food, but not about exercise."

Target Group, Male, Sutton Coldfield

"I've no idea what they are, or how much I should do."

Target Group, Female, Sutton Coldfield

"I don't know... I should probably do it 3-4 times a week."

Target Group, Male Cheddar

Participants were provided with some guidelines and further description of strengthening activity

NHS definition

What are strength exercises?

A strength exercise is any activity that makes your muscles work harder than usual.

This increases your muscles' strength, size, power and endurance.

The activities involve using your body weight or working against a resistance.

Examples of muscle-strengthening activities include:

- lifting weights
- working with resistance bands
- heavy gardening, such as digging and shovelling
- climbing stairs
- hill walking
- [cycling](#)
- [dance](#)
- [push-ups, sit-ups and squats](#)
- [yoga](#)

CMO guidelines

Do activities to develop or maintain strength in the major muscle groups. These could include heavy gardening, carrying heavy shopping, or resistance exercise. Muscle strengthening activities should be done on at least two days a week, but any strengthening activity is better than none.

All adults should undertake muscle strengthening activity, such as



exercising with weights



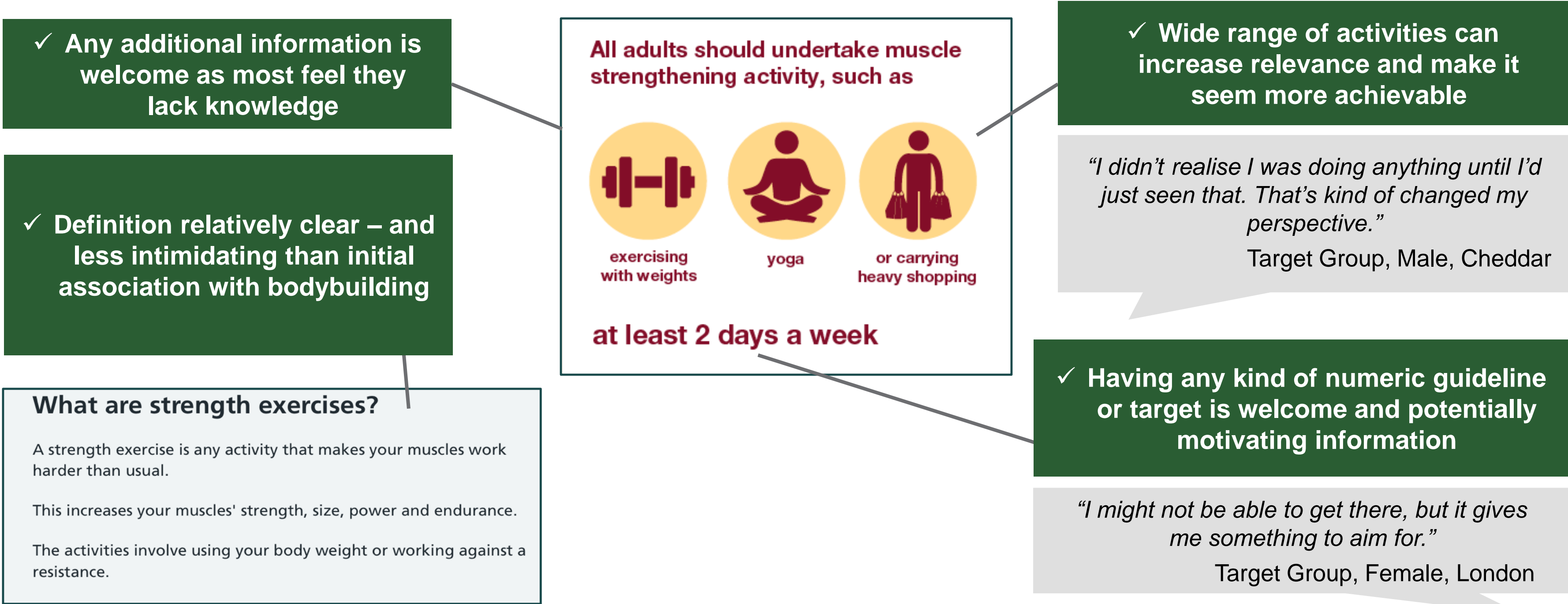
yoga



or carrying heavy shopping

at least 2 days a week

More information about strengthening is welcome and can make it feel like something that is more relevant and appropriate



But there are aspects of the guidelines that feel too vague and some which can either confuse or mislead

✗ Some activities (e.g. yoga or gardening) can feel too easy and demotivating

✗ Wide range of activities loosens definition and leads to conflation with any physical activity

- Examples of muscle-strengthening activities include:
- lifting weights
 - working with resistance bands
 - heavy gardening, such as digging and shovelling
 - climbing stairs
 - hill walking
 - [cycling](#)
 - [dance](#)
 - [push-ups, sit-ups and squats](#)
 - [yoga](#)

All adults should undertake muscle strengthening activity, such as



exercising with weights yoga or carrying heavy shopping

at least 2 days a week

✗ Some example activities (e.g. exercising with weights) can feel too challenging for the most restricted members of this audience

“Do you know how difficult it would be for me to carry a shopping bag? If I did that, I'd be worse off.”
Target Group, Female, London

✗ Reference to ‘2 days a week’ without details on duration or intensity feels vague

“What does that mean? It doesn't provide any time, it doesn't provide any guidance.”
Target Group, Male, London

Perceived benefits of strengthening activity

The target group often have only a vague awareness of the benefits of strengthening and are often unsure these are applicable to them

Initially, most simply articulate the benefits of strengthening simply as **“exercise is good for you”**

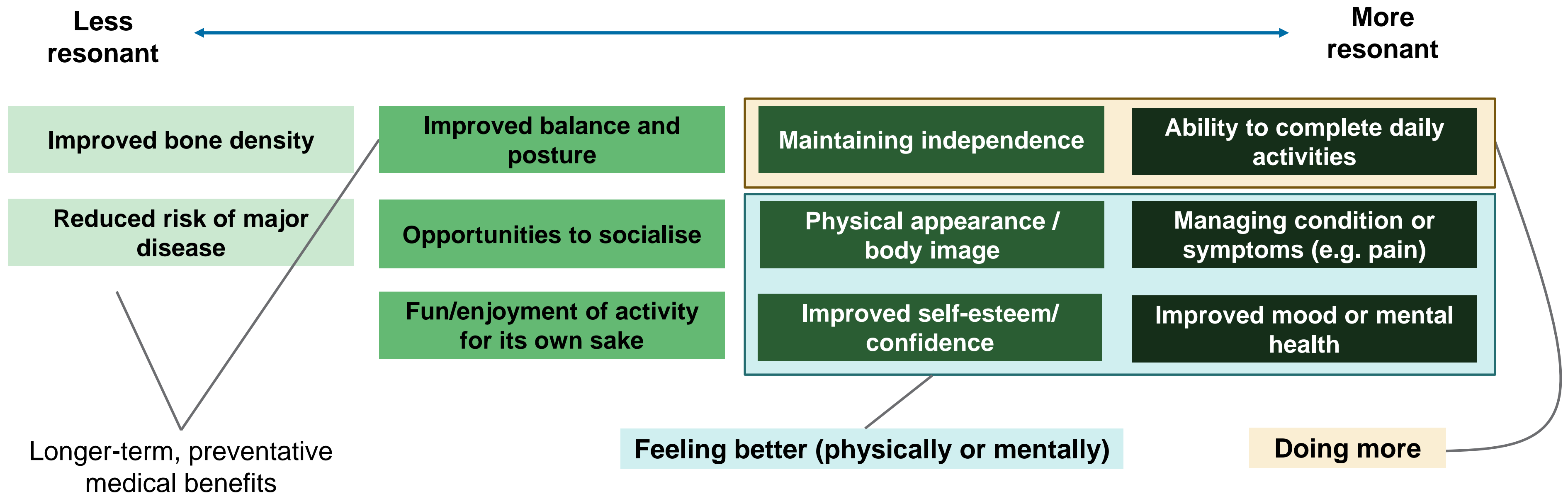
On deeper consideration, many can think of more specific benefits – but these are generally applicable to any physical activity:

“Getting stronger”

“Feeling a sense of accomplishment”

“Cheering you up”

After prompting with potential benefits, the most resonant were short-term and related to either 'doing more' or 'feeling better'



Please note that this is a qualitative ranking and should be treated as indicative only.

Benefits that resonate strongly for a wide range of the target group

Ability to complete daily activities

- Speaks to deep frustration at practical impact of their condition (e.g. getting in the way of hobbies, socialising or everyday household tasks)
- The benefit can feel more achievable and realistic than improving condition

"If it worked, it would help with drying my hair. It takes me so long because I haven't got the strength to keep my arm up."

Target Group, Female, London

Managing condition or symptoms (e.g. pain)

- Can be an especially powerful motivator, particularly for those who are more optimistic about potential to improve
- The link between strengthening and managing/improving condition or symptoms not always clear – and can be counter-intuitive

"The reason that I do strengthening is because I was informed that the issues I was experiencing, the pain I was experiencing, would just dissipate or go away completely if I did them."

Target Group, Male, London

Improved mood or mental health

- Resonates intuitively – although it is not always a front-of-mind benefit
- Can be expressed specifically in terms of feeling less anxious or stressed, or simply as 'feeling a bit better'
- It is generally associated as an immediate, short-term benefit

"For me, it's psychological. If I feel like I've done something, even if it's a bad day, I feel better."

Target Group, Male, Cheddar

Benefits that resonate for many but not all

Maintaining independence

- Particularly resonant for older people with health conditions
- This is often framed in terms of being less reliant on others – and is closely linked to feelings of shame and embarrassment

“I think it's awful visiting sick people or having people feel sorry for you.”

Target Group, Female, Cheddar

Physical appearance / body image

- Rarely mentioned spontaneously but can be a powerful factor on prompting
- This can be particularly motivating for those who have experienced changes in appearance as a result of their condition

“I tell myself, ‘if you want to be slim and sexy like Kate Moss, go on up the stairs.’”

Target Group, Female, Sutton Coldfield

Improved self-esteem / confidence

- Similar to improved mood – but is more of a long-term, reflective benefit than an immediate sensation
- This is associated with feelings of accomplishment and overcoming condition

“You might feel like maybe you aren't so different after all.”

Target Group, Female, London

Benefits that resonate for a few

Improved balance and posture

- Resonates for a minority that have pre-existing concerns about balance or posture (often related to their health condition)
- Less motivating and relevant for others, who sometimes feel it to be quite abstract

“My posture is already good, I don’t need help with that.”
Target Group, Female, London

Opportunities to socialise

- Most associate strengthening activity with solitary exercise
- On prompting, some think communal / social experience of classes would be motivating
- But, ultimately, there were other (easier) ways to socialise for many

“Everyone going together and sweating together - it's more fun than going on your own.”
Target Group, Female, Cheddar

Fun/enjoyment of activity for its own sake

- Some are able to identify a small number of example exercises they would enjoy (at least in hindsight)
- But the majority are regarded as difficult and unenjoyable – particularly compared to other leisure activities

“I didn’t think dancing would count as strengthening – I can’t do it much but it’s fun when I can.”
Target Group, Female, London

Benefits that do not resonate

Improved bone density

Reduced risk of major disease

- These purported benefits felt abstract and distant for all participants in this sample and were not selected as motivating by any
- Some also questioned how strengthening would lead to increased bone density or reduce risks of major diseases
- Ultimately, benefits that relate to managing existing conditions or other short-term benefits were much more relevant; participants were much less concerned about preventing additional future issues

"I just don't understand how it will improve bone density..."

Target Group, Male, Sutton Coldfield

"Weights or strengthening – I don't think it would help with type 2 diabetes for example. It's your lifestyle, it's what you eat."

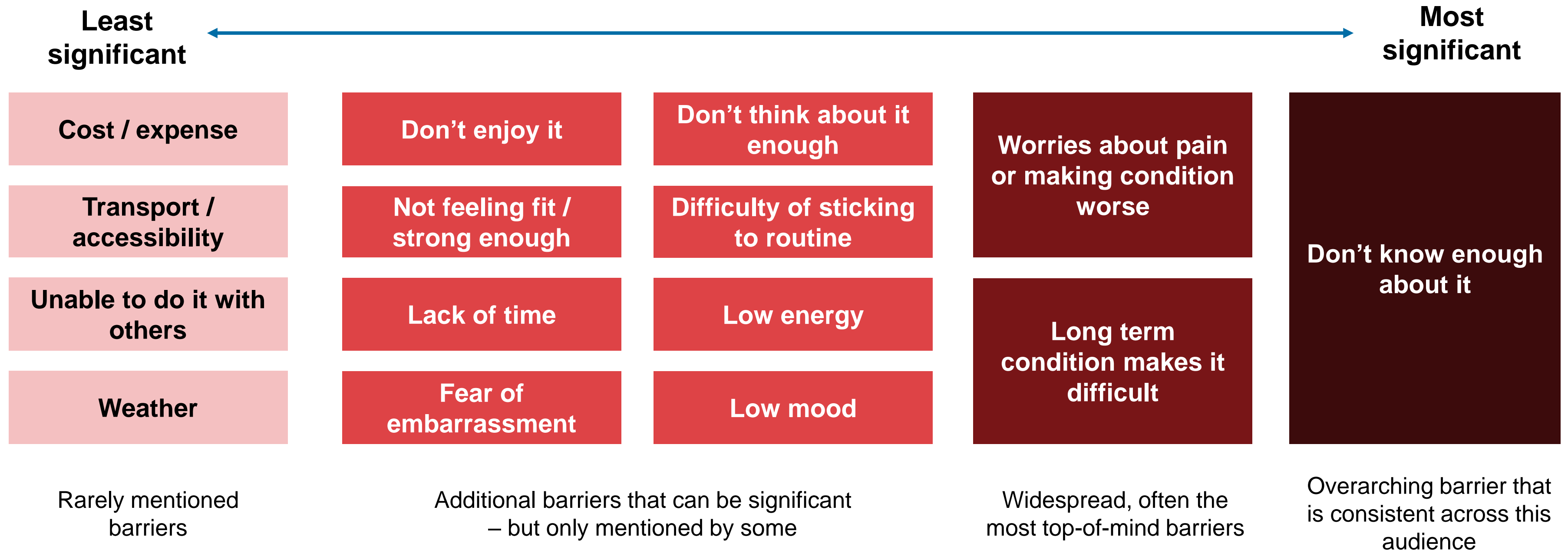
Target Group, Female, London

"I know it's important to avoid other health issues, but I don't want to cause problems to my current condition."

Target Group, Female, London

Perceived barriers to strengthening activity

There are perceived to be a wide range of barriers to strengthening activity – though some are more significant than others



COM-B analysis suggests that barriers relating to perceived capability are the most prominent

Most significant, overarching barrier

Don't know enough about it

- There is very limited awareness and understanding of strengthening activity, including:
 - What it is (and how it relates to physical activity generally)
 - What the specific benefits are
 - Which exercises to do (and which would be beneficial and safe for someone with their particular condition)
- This uncertainty is exacerbated by a perception that their particular condition and circumstances are unique and require highly tailored advice

"Everything is so generic in a gym class that I might not have the attention that I need or someone with the knowledge to deal with someone with my condition."

Target Group, Male, London

"Strengthening activity is lifting weights or doing something like that or doing stretches."

Target Group, Female, Sutton Coldfield

"If you were physically able you should do muscle strengthening activities even 3 days a week, or really every day... but there are no guidelines for MS."

Target Group, Male, Cheddar

Widespread barriers that are often most top-of-mind

Long-term condition makes it difficult

- The nature of the long-term condition can act as a barrier to strengthening in a number of ways, including pain, restricted mobility, fatigue, weak muscles and more
- These barriers can be a result of either the condition or the medication / treatment
- Additionally, symptoms are variable and unpredictable in many cases which can make it difficult to develop a routine

"When I go out of these four walls, I always use a stick...The stick gives you reassurance. If I was physically able, I'd be very interested to hear guidelines but I'm not."

Target Group, Male, Cheddar

Worries about pain or making condition worse

- There are related concerns about aggravating the condition, making it harder to manage, causing pain, or causing additional, new problems/symptoms
- This fear is often exacerbated by advice to rest and avoid strenuous activity which some receive from other HCPs
- BritainThinks research for the Richmond Group (2016) found pain to be a key barrier to physical activity generally, with 67% of those with 2 or more LTCs citing pain as 1 of the top 3 barriers¹

"I am worried about pain - having pain, being in pain and then having a bigger issue to deal with later that needs further attention."

Target Group, Male, London

¹ https://richmondgroupofcharities.org.uk/sites/default/files/richmond_group_debrief_final_1.pdf

Additional barriers that can be significant – but only mentioned by some

Don't think about it enough

- Even those who have been given dedicated activity advice can simply forget to do it (especially if they don't have follow-up appointments)
- Many thought that being reminded of the need to do activity regularly would help

"I don't always remember to do the muscle exercises I've been given to help with the arthritis."
Target Group, Male, London

Don't enjoy it

- There is a widespread initial assumption that strengthening is about lifting weights and likely to be repetitive, boring and difficult
- Having free time when symptoms are less prominent is precious to this audience

"I think I'm more active than most people my age, and to be honest there are other things I prefer to do rather than doing more exercise."
Target Group, Male, London

Not feeling fit / strong enough

- A particularly strong barrier for those with severe conditions and those who have had conditions for long time
- This is exacerbated by the sense that strengthening is difficult and high-intensity

"I have no strength in my legs these days, I don't think I could do anything. When I garden, I always kneel down!"
Target Group, Male, Cheddar

Difficulty of sticking to routine

- Those with unpredictable lives (whether due to variable symptoms or other circumstances) believe it would be particularly difficult to form a strengthening habit

"Every day is different. Some days I would be able to do a class, whilst others I can't get out of bed."
Target Group, Female, Cheddar

Additional barriers that can be significant – but only mentioned by some

Low energy	Low mood	Lack of time	Fear of embarrassment
<ul style="list-style-type: none"> • Fatigue is a common symptom across many conditions • But low energy is also cited as a barrier even if not a direct symptom of the condition, e.g. by those with very busy jobs or demanding childcare responsibilities 	<ul style="list-style-type: none"> • Some have specific, diagnosed mental health conditions (e.g. anxiety) • Others simply experience days when the condition or medication gets them down – or are just pessimistic about their ability to improve their condition 	<ul style="list-style-type: none"> • In addition to time spent resting or being treated, many have work, family, caring or other household responsibilities • Many prioritise other, less active leisure activities in the limited time they have available 	<ul style="list-style-type: none"> • Some have concerns about their physical appearance or looking silly in front of others • Particularly acute because many feel as though their conditions are 'invisible' which can lead to judgement
<p><i>“Some days I can't get out of the bed. When the fatigue takes me it's like someone's waved a magic wand and sprinkled sleep dust over me.”</i></p> <p>Target Group, Female, Sutton Coldfield</p>	<p><i>“For a long while after diagnosis, I was so low I didn't want to do anything. I didn't want to talk to my wife, never mind do exercise.”</i></p> <p>Target Group, Male, Cheddar</p>	<p><i>“There's only limited time after I get back from work and before my kids go to bed. I also want to spend time with them. There's just not enough time in the day.”</i></p> <p>Target Group, Male, Cheddar</p>	<p><i>“I don't want to go to a normal gym class. I wouldn't be able to get off the floor.”</i></p> <p>Target Group, Female, Cheddar</p>

Barriers that are only rarely mentioned

Cost / expense	Transport / accessibility issues	Weather conditions	Unable to do it with others
<ul style="list-style-type: none"> Those on low incomes are often concerned about spending money on gym/facility use, buying equipment or travel 	<ul style="list-style-type: none"> A minority cite a lack of transport or ability to access local facilities as barriers 	<ul style="list-style-type: none"> Poor weather can impact on mood as well as affect those whose conditions are affected by cold 	<ul style="list-style-type: none"> Some express concern about starting new activities alone without support, particularly where perceived to involve group activity

These barriers are often mentioned in the context of visiting gym or other facilities and less applicable to home exercises

"I'm worried what the future's going to bring. Financially there's no help."
 Target Group, Female, Cheddar

"The local gym closed down and the nearest other one is too far."
 Target Group, Female, London

"The weather, the cold makes my arthritis flare and I don't want to go outside."
 Target Group, Male, London

"I liked to go to the gym with my daughter. But she's got a new job, so we can't go together."
 Target Group, Female, Cheddar

Individuals often experience these barriers differently and face unique combinations of barriers

Grace, 61, Sutton Coldfield | Transverse Myelitis

Grace is sometimes unable to get out of bed due to **fatigue**, making strengthening seem very challenging.

She worries that issues she has with **balance and pain** will be exacerbated by strengthening activity.

Urinary incontinence makes public physical activity **impractical and embarrassing** – she once tried a Zumba class and had to stop to use the bathroom a few times.

Arthur, 41, Cheddar | Testicular Cancer

Arthur feels his chemotherapy (and related health conditions) along with his childcare responsibilities mean the **time and energy** to do strengthening just aren't there.

Especially between testosterone jabs, he also experiences **low moods** that make him very unmotivated to physical activity.

He is also concerned he **may injure himself** by doing strengthening.

Leah, 45, London | Fibromyalgia & Raynaud's

Leah is fairly active but thinks strengthening involves doing **intense and painful** exercise.

She expects that **classes will be generic** (e.g. for yoga), and not take her condition into account.

Her fluctuating symptoms also mean it is particularly **tough to stick to new habits**.

Since her local gym closed, she is also concerned about the **difficulty and cost of travelling** further.

Michael, 63, Sutton Coldfield | DVT & Diabetes

Michael feels as though he **doesn't know much about which activities he can do** safely and easily.

He is **worried about 'overdoing' it** by putting stress on his heart and increasing his already high blood pressure.

He also **tires easily** when he is too active, such as when he does DIY.

His job as a sales manager means he is **sometimes too busy** to be physically active.

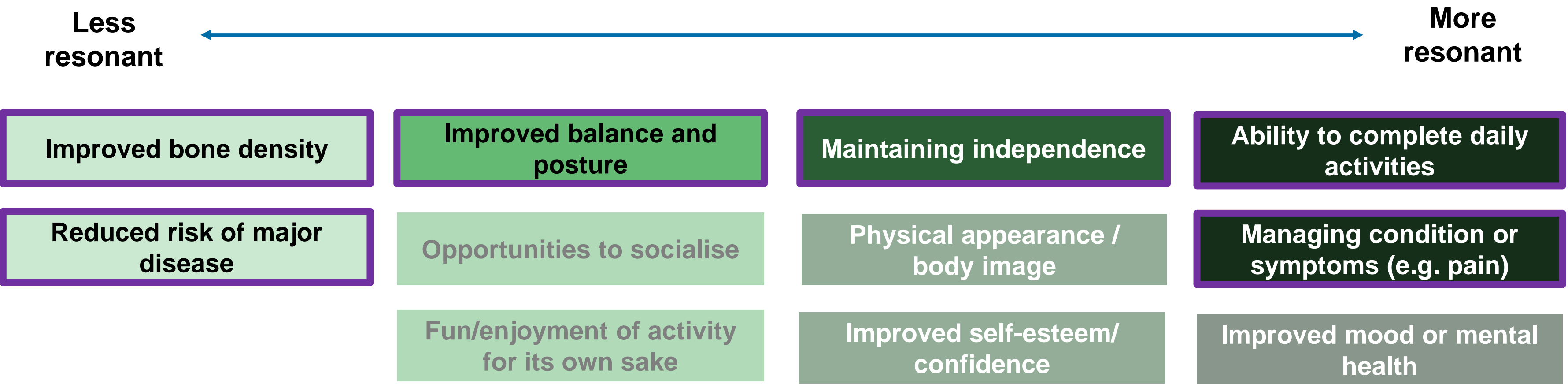
Physio perceptions of motivating benefits and barriers faced by target group

Physios feel they have a good understanding of the benefits that most motivate patients and the barriers that prevent them from undertaking strengthening activity.

This is broadly accurate and physios do have a reasonably accurate understanding.

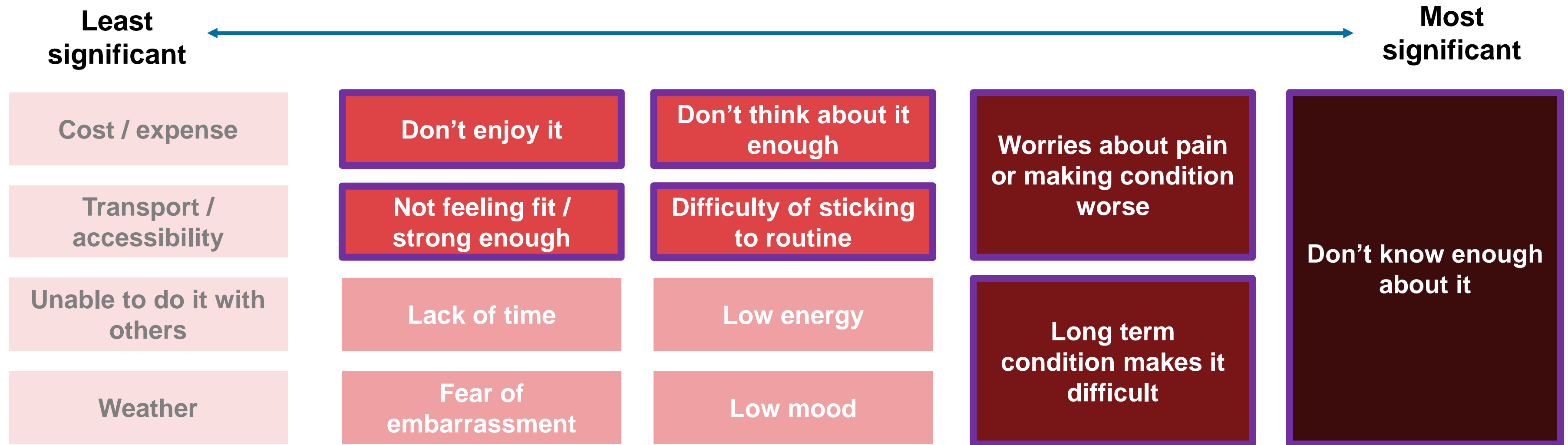
But there are some notable gaps, with certain motivating benefits overlooked and certain barriers underestimated.

Physios tend to emphasise benefits related to ‘doing more’ (and long-term health benefits) – but not benefits related to ‘feeling better’



Benefits of strengthening regarded by physios as most motivating to patients (based on the CSP survey and the focus groups). These tend to overlook the softer, more emotional benefits related to mood, body image, self-esteem, socialising, etc. This suggests that physios could do more to motivate patients by emphasising these overlooked benefits relating to ‘feeling better’ mentally/emotionally

Physiotherapy staff accurately identify a range of barriers to strengthening but tend to underestimate or overlook some



Barriers to strengthening activity most commonly mentioned by physios in the focus groups. While these tend to be largely accurate, physios tend to overlook emotional barriers like low mood and fear of embarrassment, as well as underestimating some practical barriers such as lack of time or low energy

5

Advice from for the initiative to increase strengthening activity

The findings in this section are based on the Phase 1 exploratory research conducted in March.

Sources of information on health

HCPs, friends & family, and informal online networks are key sources of advice on health and lifestyle

Healthcare professionals

- Newly diagnosed patients can still have routine diagnostic and care appointments (e.g. cancer patients)
- Others have annual visits with consultants, routine nurse visits, and/or ad-hoc GP appointments
- Views of healthcare professionals can vary and are influenced by:
 - How useful or helpful they were around diagnosis, with incorrect diagnoses decreasing trust
 - Whether or not there is a single point of contact
 - Perceptions of how seriously the condition is taken – some felt there was less support for their particular condition (e.g. fibromyalgia)

Non-professional support and advice

- Family/friends are valued for emotional support, finding out information or speaking to HCPs on their behalf
- Facebook groups and online networks are used to socialise with others who have condition or get practical advice
 - e.g. Macmillan online forum providing advice for going through chemotherapy
 - e.g. Facebook group for people with fibromyalgia
- Charities and support groups are sometimes used
 - e.g. Suggested exercises from Arthritis Association

Physios are generally associated with short-term treatment of health issues rather than providing broader, longer-term advice

Physiotherapists

- Nearly all in this sample have had some experience of physios, but none are seeing them on an ongoing basis. Most experiences were limited to 1-2 encounters, either as part of recovery from specific injury/illness or an attempt to alleviate ongoing symptoms
 - Industry experts agree this is a key issue preventing physios' work from having longer-lasting impact¹
- Many do not remember the specific advice they have been given to follow. While a minority remember it, few followed the guidance for long
- Rare cases of more extended experiences with physios are more positive and more likely to have impact on behaviour

“The last physio that I saw said that there was nothing they could do to help me because my condition is long-term [...] it would be interesting to know whether other people with fibromyalgia find them useful though.”

Target Group, Female, London

“My muscles were shrinking so I did a weight management course at the hospital with a physio [...] I loved it, I felt really strong, it was like having a gym class every week.”

Target Group, Female, Cheddar

¹ Based on CSP conversations with industry experts conducted as part of this project.

Feedback on existing campaigns

We briefly explored responses to existing related campaigns about physical activity

We are Undefeatable



Love Activity, Hate Exercise



This Girl Can



Note: Due to time constraints, these were only explored briefly (using very basic stimulus) and were not shown to all participants

These are felt to show good understanding of different people's circumstances, but as lacking stronger direction to be active



We are Undefeatable

- ✓ Message of being able to exercise from home is seen as useful, practical advice, as is guidance on searching for beginner and low intensity classes
- x 'Stay In, Work Out' is sometimes disliked as too pushy – or not pushy enough
- x LTC messaging can be too subtle as few notice the post-op scar or the 'able' in 'Undefeatable'
- x Man being visibly active could be more motivating and clarify message



Love Activity, Hate Exercise

- ✓ The concept of hating exercise but loving activity resonated strongly with many of the target group
- ✓ Older people and those recovering from cancer identify strongly with the figure or story
- x Some feel the message is too convoluted and unclear to have real impact
- x Minority of physios are critical of the message as it undermines the case for exercise which feels crucial to strengthening





This Girl Can


- ✓ There is stronger pre-existing awareness of this compared to other campaigns
- ✓ Relatable imagery of an 'everyday' individual can be very powerful
- ✓ Many feel this approach could be adapted for a campaign directed towards people with LTCs
- x The poster alone is felt to be quite subtle


Advice for the CSP initiative


Physios and the target group have wide-ranging advice for the CSP initiative on strengthening


- 

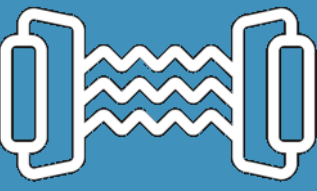
Make campaign relatable
- 

Provide tailored guidance
- 

Set a specific, memorable target
- 

Raise wide-spread awareness
- 

Ensure the initiative is inclusive / accessible
- 

Increase appointment time
- 

Provide more resources

Suggested by people with long-term conditions

Wider considerations

Suggested by physiotherapy staff

Make campaign feel relatable



The target group thinks that any campaign would need to feel relatable in order to cut through to them

- The campaign should feel relevant to them, both in terms of having messy, imperfect lives *and* as people with long-term conditions
 - The message has to speak to them as ‘ordinary’ people (e.g. out of shape, messy lives, financial pressures) rather than ‘glossy models with perfect lives’
 - Additionally, the campaign needs to make clear that it is intended for people with long-term conditions, as there is intuitive rejection of any messaging that feels aimed at healthy people / people without a similar condition
- The campaign should feel relatable in the imagery, language and tone used – but also in the range of motivations/barriers conveyed (e.g. emphasising some of the ‘softer’, more emotional benefits of strengthening or the more embarrassing/awkward barriers)

“I like it because that is me [This Girl Can]. It’s making me think I should go get my bike out the garage.”

Target Group, Female, Cheddar

“It’s good that it tells you it helps you mentally [Love Activity, Hate Exercise]. You feel like you’re getting back to how you were, which is so important for cancer patients.”

Target Group, Male, London

Provide tailored guidance



A strong sense that ‘my circumstances are unique’ leads to a strong demand for guidance that is tailored rather than generic

- The target group often feel that their conditions and combination of barriers are complex, unique and require bespoke solutions
- There is some instinctive rejection of generic advice and recommended activities as being inapplicable or irrelevant to their particular circumstances
- Physios, too, feel that one-size-fits all messaging could be too vague to be useful to individual participants – and suggest two options:
 - Simply choosing some priority groups (e.g. by age, type of condition, severity) and using one message that is meaningful for that group, accepting that this will exclude certain groups
 - Develop one, broad message relevant to the whole target group but then devise a series of ‘tiered’ messages below that, each of which is targeted at different subgroups

“It shouldn’t be too general. It should approach it with an understanding about what I can and can’t do. Show me where I can start.”

Target Group, Female, London

“What will be helpful for old, severe COPD patients is not the same as what will be helpful for younger patients with arthritis. They will need different advice.”

Physiotherapy Staff, Leeds

“Create space where they can personalise it to them and their own goals. They all have different aims and are dealing with different comorbidities.”

Physiotherapy Staff, Leeds

Set a specific, memorable target



Providing an activity target is regarded as a way of clarifying the ask and ensuring that it is memorable

- The target group think that some sort of memorable slogan or target would motivate them, as well as ensuring that the strengthening guidance was clear and memorable
- Physios, too, note that goal-setting is one of the best ways to motivate patients into increasing participation in strengthening
- Providing a simple, achievable target is therefore seen as a useful way of encouraging strengthening – provided that it is more specific and clearer than the CMO guidelines
- Setting out a rough length of time, intensity or number of exercises to do is regarded as useful in this respect, in addition to the advice to do this twice a week

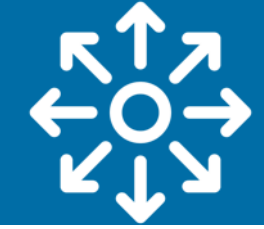
“They should remind people about strengthening because it’s easy to forget... Use a catchy slogan like 5-a-day or 'good for little ticker' to make it memorable.”

Target Group, Female, Sutton Coldfield

“Think about health literacy and keep it really simple, so they can remember. But it’s important to also make it sound achievable.”

Physiotherapy Staff, Leeds

Raise widespread awareness



Physios call for a broader increase in understanding – among general public and HCPs – of strengthening

- Raising the wider public's understanding of strengthening would lay the groundwork for specific, targeted advice provided to those with long-term conditions
- It is deemed particularly important to raise understanding in a few areas, e.g.:
 - The difference between strengthening and cardiovascular exercise
 - The specific benefits of strengthening
 - The idea that some pain when doing strengthening activity is normal and not necessarily a bad sign
- It is also deemed important to raise understanding among wider HCPs to ensure consistency of message

“We have all been drilled about what is needed for cardio exercise, but we need to see strength training as additional to this. Like healthy eating pyramid - we need to see strength training on the ‘healthy exercise pyramid’”

Physiotherapy Staff, London

“It’s important that we’re all selling the same message – if a patient gets a choice between trusting a doctor or physio, they will often choose a doctor.”

Physiotherapy Staff, London

Ensure the initiative is inclusive / accessible



Physios are also keen to stress that the initiative should be inclusive and accessible in terms of channels

- Several physios state that a significant proportion of those with LTCs are older and may have less access to online resources – so a wide range of accessible, offline resources are crucial
- A number of physios also claim that messages related to the initiative could be delivered by a wide range of sources that this audience already engages with, even if not directly related to physical activity or health (e.g. community organisations, Meals on Wheels)
- A social element is also considered to be useful so that people can participate in strengthening activities with friends or family (and can also increase motivation)

“You have to be mindful of the older population who may not be comfortable going online. They want a sheet they can stick up on their kitchen cupboard that they’ll take notice of everyday.”

Physiotherapy Staff, Leeds

“Not just posters or infographics, but also more interactive tools such as apps or a webpage with advice or exercise videos (catering to different types of learners, and to people from different cultures).”

Physiotherapy Staff, London

Increase appointment time



Increasing appointment time would help physios provide comprehensive advice to the target group

- Increasing the time of appointments is mentioned by most physios (particularly those that work in the NHS) as an improvement that would help them land the importance of strengthening advice
- It would allow for more time to educate patients on the benefits of strengthening activity, particularly explaining those benefits that are less intuitive to patients
- It would also allow for time to provide a demonstration of the exercises

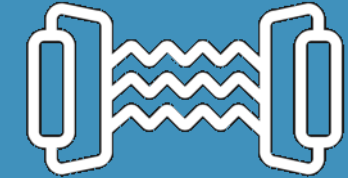
“Sometimes I have only 15 minutes to get through everything. It’s not enough time to educate the patient.”

Physiotherapy Staff, Leeds

“More time could help the patient understand why they need to do something.”

Physiotherapy Staff, London

Provide more resources



Resources and referral options are felt to encourage participation; increased access to these would be helpful for physios

- Physios that are able to provide their patients with resistance bands report this helping to facilitate participation in strengthening; those that do not have access report it as a challenge, claiming there is only so much motivation exercising with 'home weights' (e.g. tin of beans) can provide their patients.
- Physios often lack a variety of appropriate classes to refer patients to – mostly those physios who work within GP practices or the acute setting. The expense of attending classes is also a challenge
- Additionally, the creation of online resources or apps to help demonstrate activities outside of appointments would aid physios – particularly those that are unable to provide a demonstration in appointments due to time pressure

“Sometimes there are just no appropriate classes. Younger people with long-term conditions don't want to be in classes with 70-year olds, but they also don't want to go to the gym.”

Physiotherapy Staff, Leeds

“People lose motivation if they are only going home to do the exercises... but we need to know which community services we can signpost them to.”

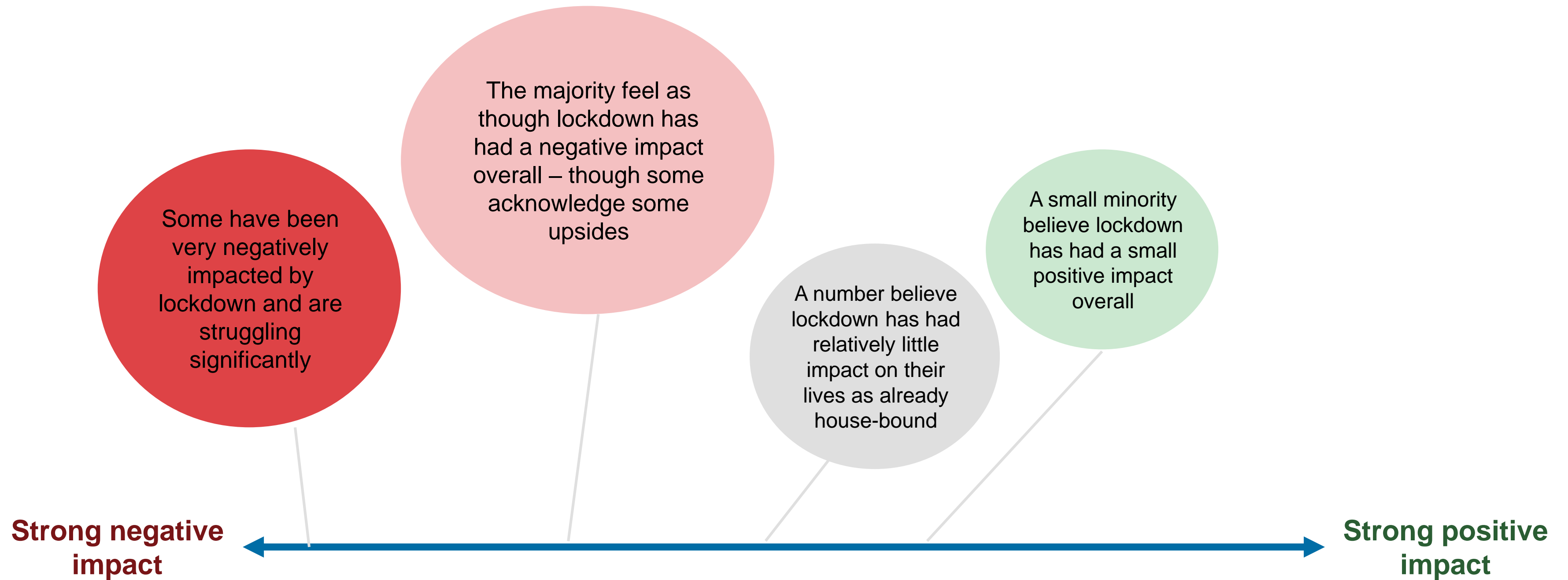
Physiotherapy Staff, London

6

The impact of Covid-19 and the lockdown on the target audience

The findings in this section are based on the Phase 2 pre-creative development research conducted in May.

Overall, most felt that lockdown has had a negative impact on their lives



The health impact of lockdown is often associated primarily with fear and stress, rather than issues with physical health

<p>Negative impact - mental health</p>	<ul style="list-style-type: none"> • Many express anxiety or even fear of catching the virus, which if they do, for some could be almost intolerable • Others feel the pressure of adjusting to lockdown is causing some stress (e.g. financial impact, managing childcare) 	<p><i>“Because of the problem with my lungs, I’ve been very anxious about not putting myself in a position when I could catch this thing.”</i></p>
<p>Negative impact - physical health</p>	<ul style="list-style-type: none"> • There is evidence of stress/anxiety having a knock-on effect on physical health: e.g. neurological symptoms such as inflammation; trouble sleeping • Some mention eating less healthily and snacking more often • One feels they are ‘stiffer’ from being more sedentary 	<p><i>“I know in the beginning my ankle pain was so intense I could barely walk, I don’t know if it was corona, but my daughter thought it could be either that or just my stress.”</i></p>
<p>Positive / neutral health impacts</p>	<ul style="list-style-type: none"> • A few are eating more healthy home-cooked meals • Few have noticed significant direct impact on their physical health or management of their LTC • Some claim they were resting more in lockdown – and are uncertain whether or not this is a positive thing • None describe trouble accessing medical treatment, except one participant who had a heart operation could not be visited by family 	<p><i>“My wife made me a salad for lunch, whereas I’d normally be having M&S meal deals.”</i></p>

While experiences were varied, increased stress and anxiety was a common theme

Strong negative impact ←

→ Little impact

Vijay | 55 | Coronary heart disease | London

Vijay lives with his partner and children. He received a letter informing him he was extremely vulnerable to Covid-19 and has stayed indoors ever since then. He misses his colleagues and going to business meetings but feels very afraid of going outside in case he catches the virus.

"I got the letter saying I was high risk and I had to shield for 12 weeks. I used to be happy to go out [...] It's changed my mindset – I don't know who has what."

Rosa | 68 | Arthritis | Lancashire

Rosa is a widow who lives alone in a village. She doesn't use the internet but watches TV. She now only goes out once a fortnight for toiletries and her pension. At home, she keeps as busy as she can by 'pottering about' at home, which she knows is important to stop her condition from getting worse.

"I miss friends coming over, but neighbours in the village are very kind to me because they know I'm on my own; they do my shopping and ask me if I need anything."

Peter | 45 | Conversion disorder | London

Peter lives with his wife and daughter. Since the lockdown began, he has been bothered by anxiety about whether his coughing is symptomatic of his condition or of Covid-19. He is finding running his business and home-schooling tiring but is enjoying spending more time with his family.

"I now have less time because I have to keep on my daughter's work, which exhausts me. I don't have the time or energy to go for walks after that."

Angela | 56 | Coronary heart disease | Walsall

Angela lives alone and manages multiple conditions, having suffered a stroke many years ago. She'd like to go out more often but is nervous about catching Covid-19 and so is now doing her food shopping online. She is used to having time alone at home so doesn't feel like her life has changed very much.

"I haven't really noticed much of a change. I've been kept a prisoner since 2008 anyway."

Whilst this is not an active audience to begin with, activity levels appear to have decreased for most

All participants are spending long periods of time indoors and none are working outside of their homes

Some have been directly instructed to shield indoors; others have read they could be vulnerable to the virus; and others are simply following lockdown rules, regardless of whether their condition makes them particularly vulnerable

- **Most were doing less 'incidental' physical activity than before**, mainly because they had fewer opportunities to walk during shopping trips or commuting
- Fear of catching the virus or instructions to shield meant many felt they could not go for dedicated 'exercise' walks outside the home

- **Some felt as though their lifestyles and activity levels had not changed much** as they were already largely house-bound

- **A minority felt certain kinds of activity had increased.** Some were doing more incidental activity around the home (e.g. gardening), and others said they were being more active to keep children entertained
- One participant said they they had taken lockdown as an opportunity to begin jogging again

There is some heightened awareness of messaging about physical activity – but this tends to be fragmented and inconsistent



Some were aware of televised fitness classes, e.g. Joe Wicks and the Green Goddess



No-one recognised the Stay In Work Out campaign (though responses were positive when materials were shown)



Others referenced fitness fundraising challenges, e.g. Tom Moore



A minority had received communications encouraging physical activity from NHS or local council

There is little sense of any overarching message encouraging increased levels of physical activity during lockdown that feel targeted at this audience

Many feel there hasn't been clear, overarching guidance about keeping active during the lockdown, even if they have noticed more 'noise' around physical activity

Those who have notice information about physical activity feel that it doesn't necessarily seem particularly relevant to their circumstances as less active people with health conditions

"Oh yeah, my daughter has been doing the Joe Wickes stuff and is really into it."

"All sorts of emails, keep active, all of that left, right and centre. The problem is it's all fitness, it's no good to me! You see so much of people jumping around. That's fine if you're fit, but what can I do?"

"I've seen some things on TV about that, but then I'm watching a lot more daytime TV than before."

7

Responses to early stimulus ideas

The findings in this section are based on the Phase 2 pre-creative development research conducted in May.

Overview

We tested several pieces of ‘rough’ stimulus to inform the development of creative materials



These stimulus ideas were explored more briefly than others, and existing campaigns were not explored in the telephone depths

Definitions of strengthening

1. Strengthening involves lifting, pulling and pushing things – anything that makes your muscles work harder than usual.
2. Strengthening involves using resistance, whether that is your own bodyweight, resistance bands, a chair or even a bag of rice.
3. Strengthening means doing a small number of short, repetitive exercises using a resistance.
4. Strengthening is simple and easy to do at home: you can start small and increase your activity as you get stronger.
5. Strengthening activity doesn't need to involve big muscles, lifting very heavy weights, expensive equipment or going to the gym.
6. Strengthening activity is not the same as cardiovascular exercise: it doesn't involve going for long runs or high-intensity fitness classes.
7. Strengthening activity makes your muscles feel warmer or more tense - the next day, or day after, you can 'feel' the muscles that were doing the activity

BritainThinks | Private and Confidential

Sources of information about strengthening

Physiotherapist Nurse Gym instructor

GP Leisure centre officer Social media influencers

BritainThinks | Private and Confidential

Across the pre-creative stimulus testing, 8 implications for the development of the campaign creatives emerge

1. Make inclusivity and relevance explicit

- Often this audience feel excluded from communications about physical activity and can instinctively disregard them
- It is often necessary to explicitly state that anyone can do strengthening and that it is possible and beneficial particularly for people with health conditions

2. Avoid negatives and focus on positives

- Messages with negative terms or tone (e.g. difficulty of life with LTC) can be off-putting to this audience, who are looking for uplifting and positive inspiration
- Whilst showing understanding of challenges of living with a health condition increases relevance, it is best to position these positively (e.g. 'it is easier on some days' rather than 'it is more difficult on some days')

3. Remind of the (future) benefits

- Many of the benefits of strengthening are deemed credible and motivating, particularly in terms of 'doing more', but are not often front-of-mind
- However, messaging about 'doing what you used to be able to do' is deemed unrealistic and can be a negative reminder of their loss of ability and health

4. Avoid references to 'pain' or 'tiredness'

- Language that references 'pain' or 'tiredness' involved in doing strengthening is strongly off-putting, with the idea of short-term sacrifice for longer-term improvement disputed or challenged
- Many already feel in pain or tired as a result of their condition and the idea that 'not all pain is bad pain' is deemed crude (with many believing they know their bodies better than such blunt, generic advice)

Across the pre-creative stimulus testing, 8 implications for the development of the campaign creatives emerge

5. Use the notion of starting small and improving

- The idea of 'starting small' is very positively received as it allays fears around a high barrier to starting strengthening in terms of ability, expertise and fitness
- The notion of making incremental steps and slowly improving ability is also strongly motivating

6. Offer a range of options for strengthening

- Choices, ranges and options (e.g. for activity types or guidance) make the target audience feel more empowered and in control: the term 'whatever works for you' is a particularly convincing one
- It can reinforce the idea that strengthening offers 'something for everyone', as the audience can tailor any advice to themselves, their specific condition and their ability

7. Avoid use of 'technical' language

- References to technical exercise terms – e.g. dumbbells, squats, lunges – are off-putting for the least able/active within this audience and can feel exclusionary to this audience
- They are less off-putting and more relevant to more active individuals – and it is possible to use more technical terms in conjunction with more accessible options as part of a range of activities (e.g. tin of beans or a dumbbell)

8. Use a target but ensure it is realistic and flexible

- Participants find having a numerical target to aim towards motivating and clear
- However, participants feel that it should be realistic for individuals with health conditions and also want a degree of flexibility (e.g. *around* 30 minutes) so they don't feel demotivated if they miss the target on some days

Definitions of strengthening

Simple, positive, everyday terms are key in defining strengthening in an appealing way

1. Strengthening involves lifting, pulling and pushing things – anything that makes your muscles work harder than usual.
2. Strengthening involves using resistance, whether that is your own bodyweight, resistance bands, a chair or even a bag of rice.
3. Strengthening means doing a small number of short, repetitive exercises using a resistance.
4. Strengthening is simple and easy to do at home: you can start small and increase your activity as you get stronger.
5. Strengthening activity doesn't need to involve big muscles, lifting very heavy weights, expensive equipment or going to the gym.
6. Strengthening activity is not the same as cardiovascular exercise: it doesn't involve going for long runs or high-intensity fitness classes.
7. Strengthening activity makes your muscles feel warmer or more tense - the next day, or day after, you can 'feel' the muscles that were doing the activity

- Actions of lifting, pulling and pushing are seen as both providing a clear and simple definition
- References to 'resistance' are considered less clear and intuitive
- Referencing everyday objects helps create a sense that strengthening is 'for them', and doesn't require expertise or expensive equipment
- Clarifying that strengthening can be done at home makes it feel inclusive and provides reassurance that the gym isn't necessary
- 'Starting small' also helps to make it feel more relevant, and creates an understanding that they may not be 'strong' when they're starting
- For some, even the mention of the gym is a barrier to engagement
- A minority consider strengthening to be cardiovascular or put strain on their hearts which concerned them
- This helps to promote relevance to the audience, who all found these activities difficult. It helps to reinforce the idea that there are activities available to people like them
- The idea of muscles feeling more tense or sore the day after activity is off-putting

Guidance around strengthening

Further information on strengthening that emphasises flexibility, inclusivity and a range of options is popular

1. There are hundreds of different strengthening exercises you can do, including some targeted at people with specific health conditions. Just choose a few that feel right for you.
2. Ideally, choose around 5 different exercises that work a range of different muscles.
3. The right strengthening exercise for you is one that is challenging but achievable. An exercise you can repeat around 10 times before feeling tired.
4. You should do each exercise until your muscles feel tired. Have a rest, then try again until your muscles feel tired again. Have another rest, then complete a third 'set'. Have a rest and then move on to the next exercise.

- The audience typically respond positively to all 3 points of guidance (which are seen to complement each other):
 - It emphasises choice: they can choose an activity that works for them and their capabilities from a very wide range of options
 - It acknowledges both challenge and achievability: some found a challenge motivating, but agree that activities should be achievable
 - It explicitly addresses people with health conditions
 - It feels broadly realistic, in terms of the number of exercises and repetitions, and stresses flexibility ("around")

- Many believe they are often tired throughout the day due to living with their health condition, and wouldn't want to make this worse.
- The repetition involved feels excessive, daunting and unfeasible for many

Examples of strengthening activities

Participants respond well to a wide range of activities and inclusion of some that were simple and involved everyday items

1. Lifting weighted items, whether dumbbells, a bag of shopping or a tin of beans

2. Using resistance bands

3. Bodyweight exercises like squats, press-ups and lunges

4. Improvised exercises like stair climbs or simply sitting down and standing up from a chair

5. Balance exercises like yoga and pilates

- Providing a range of options including everyday objects helps the example feel inclusive (most have a tin of beans in their cupboard), accessible (most feel they could lift a tin of beans), and flexible enough to be tailored to their needs / routine (e.g. some days they could lift something heavier)

- For some the inclusion of dumbbells is off-putting due to it feeling too much like traditional/ gym exercise. Nevertheless, this is mitigated by the inclusion of other, more achievable and relevant options

- None own resistance bands and a minority are completely unfamiliar with them (and apprehensive as potentially technical) – though some regard them as potentially useful

- Overwhelmingly rejected by all. The language used is technical and the activities are assumed to require a level of expertise and fitness beyond this audience

- This example is well-received by this audience, many of whom admit struggling with standing up from a chair (making it especially relevant). It feels accessible, easy to learn and achievable

- Whilst the idea of participating in yoga and pilates is appealing to some, this example is rejected by many due to a perception that it requires expertise and ability

Strengthening terminology

Preferred terminology is simple and avoids associations with ‘traditional’ exercise

- | | |
|---|--|
| 1. Strengthening | <ul style="list-style-type: none"> Is preferred by many due to it being simple, succinct, and inclusive |
| 2. Strength exercises (vs. strength activity vs. strength training) | <ul style="list-style-type: none"> Many dislike the words ‘exercise’ and ‘training’ due to it implying traditional gym settings, which they feel excluded from. ‘Activity’ is generally preferred |
| 3. Resistance exercises (vs. resistance activity vs. resistance training) | <ul style="list-style-type: none"> Some are not familiar with the term ‘resistance’ and it doesn’t always feel intuitive |
| 4. Muscle exercises (vs. muscle activity vs. muscle training) | <ul style="list-style-type: none"> Most feel that references to muscle are evocative of gyms, body-building and lifting heavy weights, which are strongly off-putting |
| 5. Weight training | <ul style="list-style-type: none"> Does not feel relevant to this audience – it implies lifting weights (vs. getting stronger in general), which they feel unable to do |
| 6. Building muscle | <ul style="list-style-type: none"> Strikes a tone that is too close to traditional exercise – something which they feel excluded from |
| 7. Working out | |
| 8. Getting stronger | <ul style="list-style-type: none"> Preferred by many due to it implying a gradual build up (as opposed to ‘getting strong’), something which feels inclusive and achievable |

Strengthening targets

A specific numerical target is motivating if it feels achievable and offers some flexibility

- | | |
|--|---|
| <p>1. Do strengthening activity 3 days a week.</p> | <ul style="list-style-type: none"> • This is not regarded as specific or clear enough to feel motivating • The lack of flexibility also makes these targets less appealing |
| <p>2. Do strengthening activity at least twice a week.</p> | |
| <p>3. Do strengthening activity every few days, whenever you feel up to it.</p> | <ul style="list-style-type: none"> • 'Whenever you feel up to it' builds flexibility into the target, which this audience appreciate due to the unpredictable nature of their conditions |
| <p>4. Do strengthening for at least 2 hours a week – whenever you feel up to it.</p> | |
| <p>5. Do strengthening for at least 90 minutes a week, spread across 3 days.</p> | <ul style="list-style-type: none"> • 'At least 90 minutes' can feel like a daunting amount for many and does not feel flexible |
| <p>6. Do strengthening 3 times a week for around 30 minutes at a time.</p> | <ul style="list-style-type: none"> • The specific nature of the target is motivating, and 30-minutes feels achievable for most • The use of 'around' rather than 'at least' helps the target feel more accessible and flexible to their symptoms on a given day |
| <p>7. Fit strengthening into your regular routine: do it whilst listening to the radio, whilst watching the news or as an activity with your kids.</p> | |
| <p>8. Do strengthening 3 times a week. Do as much you can each time until you get tired. Try and do a little more each week.</p> | <ul style="list-style-type: none"> • Many respond very positively to the idea of fitting strengthening into their routine. By itself, this does not provide a clear, motivating target though |
| | <ul style="list-style-type: none"> • This feels too intensive for many, and the idea of working out until they get tired is off-putting |

Motivational messages

Messages that explicitly address people with health conditions are popular (if framed positively)

<p>1. Everyone should do strengthening activity. Anyone can do strengthening activity. No matter your age, health or lifestyle.</p>	<ul style="list-style-type: none"> This message resonates with many participants. They see it as inclusive and speaking directly to them, as well as having a positive, empowering tone
<p>2. It is easy to make strengthening work for you. In your living room or in the gym. By yourself or with a group. Lifting weights or bags of rice. Same times each week or whenever you feel up to it.</p>	<ul style="list-style-type: none"> The choices highlighted in this message help to create a sense of control over strengthening, which is motivating. It empowers the audience to find a way that works for them and their lifestyle
<p>3. Life with a health condition can be painful and unpredictable. Doing strengthening will be more difficult on some days than it is on others. The important thing is that any strengthening activity is better than none.</p>	<ul style="list-style-type: none"> Making an explicit reference to life being painful and unpredictable can be a negative reminder of their situation. This understanding of their situation is better communicated implicitly
<p>4. Some people find strengthening more difficult, whether that is because of a health condition, or a busy and unpredictable life.</p>	<ul style="list-style-type: none"> For some, this is also a negative and could be better if it were flipped, e.g. 'doing strengthening will be easier on some days', to help create a more positive tone
<p>The key is finding exercises that work for you and fitting them into your week</p>	<ul style="list-style-type: none"> This sentence is especially well-received. For those who are recovering from operations, the sense 'starting somewhere' and doing little bits is relevant and motivating
	<ul style="list-style-type: none"> This helps to create a sense of empathy, but also empowers participants to choose certain activities that are best for their lifestyle (vs. prescribing set activities that may be difficult for them)

Messages that reference everyday benefits are most motivating, though these should be forward-looking

- | | | |
|----|--|---|
| 1. | Strengthening activity can help people with health conditions to feel better mentally, as well as physically. It can cheer you up, reduce stress, boost your confidence and make you feel better about yourself. | <ul style="list-style-type: none"> • Most agree with this message and acknowledge the importance of mental health when prompted, though it is less immediately appealing than messaging around 'doing more' |
| 2. | Strengthening activity can help people with health conditions do more. By being stronger and improving your balance, you can more easily do the things you love – whether that's playing with your children, seeing friends and family, or your favourite hobby. | <ul style="list-style-type: none"> • This message is felt to be the most motivating. It taps into tangible, everyday activities that most wish they could do with greater ease • It also was explicitly targeted at people with health conditions |
| 3. | Strengthening can help you feel like 'you' again and get back to doing the things you used to do, whether that's lifting a saucepan, your shopping or your grandchild. | <ul style="list-style-type: none"> • However, some question that these benefits would be achieved by improving their balance (and this is not a well-understood concept generally) |
| 4. | Strengthening activity is particularly important for people with health conditions: it can help to reduce pain, manage the condition and prevent other health issues. | <ul style="list-style-type: none"> • This claim does not feel credible to this audience, many of whom know that they will never return to feeling like their old self. Instead, they prefer to focus on what's ahead, either by maintaining their current level or making small improvements |
| | | <ul style="list-style-type: none"> • Everyday benefits, which many find motivating and increase relevance to the audience |
| | | <ul style="list-style-type: none"> • Like mental health benefits, most agree with the benefits about preventing comorbidities but do not spontaneously pick this message out as being particularly appealing • It is generally regarded as a secondary benefit |

Addressing the difficulty of beginning exercise can be motivating but needs to be done carefully and positively

1. Not all pain is bad pain. There may be some short-term pain, stiffness or discomfort when starting out with strengthening – but this improves as you get stronger.

- This claim is easily rebutted by the audience - it often provokes a defensive reaction that pain is subjective, and no one else could know what it's like for them
- The reference to pain, stiffness and discomfort when starting out is off-putting to many

2. Being inactive is a vicious cycle: the longer you leave it without doing strengthening activity, the harder and more painful it is to be active.

- Some agree with the sentiment of this message – but, by highlighting the barrier to participating, it can be off-putting and demotivating

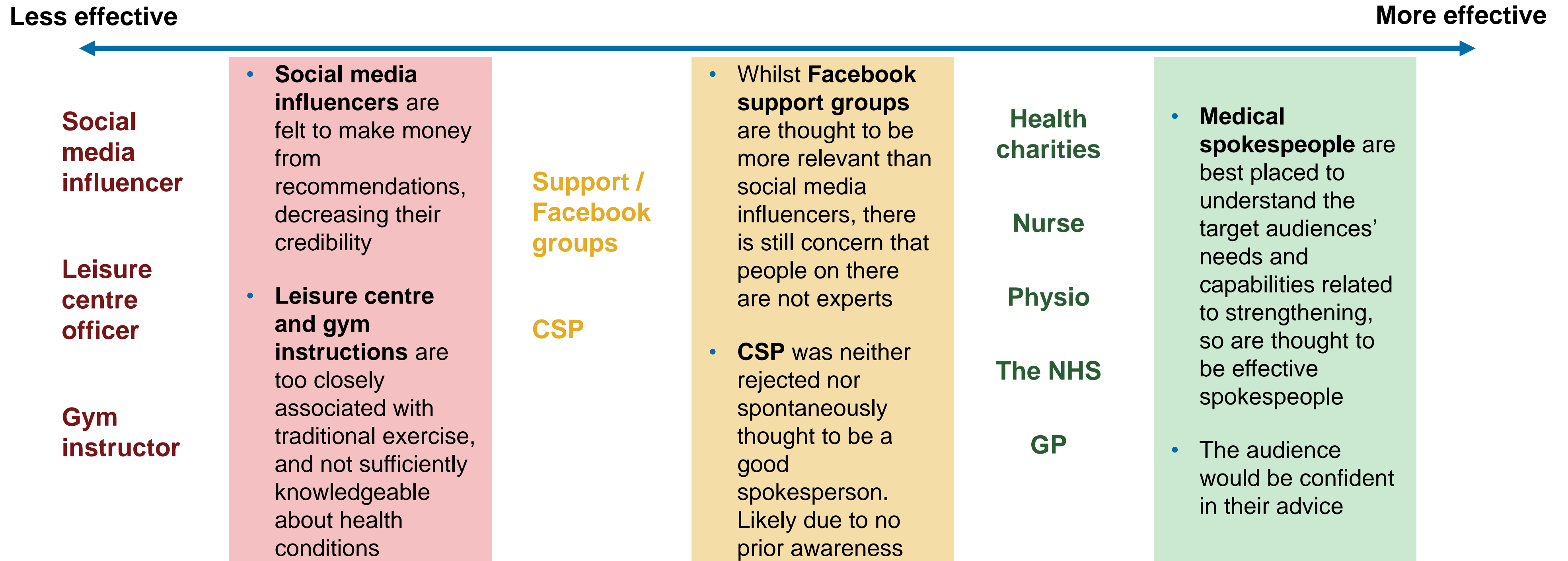
- Whilst some agree with this statement, there is some pushback that it is an overly negative way to begin a motivational message

3. It can be hard to get active. But start now and you'll be surprised how quickly you improve. The exercise will get easier, any discomfort will reduce, and you will get stronger.

- This message is well-received, due to its empathetic and positive tone, and deemed significantly more motivating than the 'negative' messages above (even if the meaning is similar)
- Many find the references to small improvements and gradual, yet noticeable, benefits, motivating

Spokespeople

No single spokesperson is felt to be particularly effective, though medical figures are seen as generally more appropriate



Physios are seen as a relevant voice for the campaign, but their impact seems to depend on often limited experiences of treatment

Less effective

More effective

- Physios feel like a relevant source of information about strengthening and are considered to have expertise by some participants
- As in the previous stage of research, those who are more positive towards physios (e.g. those who had recent positive experience) are more likely to see them as relevant
- But others feel less of a positive connection to physios, either because of a negative experience or because a lack of experience, and are more likely to prefer other spokespeople (e.g. nurses, GPs or health charities)

“They would know what they are doing, but every physio has tried to get me to achieve more than I was capable of. I have a general dislike of them. They want me to achieve more than I’ve got to give. If I can walk 5 steps, they will ask me to walk 7.”

“That’s 100% the one for me. When I had surgery, they started helping me with my ankle straight away. They can give you tips on what exercises you should do.”

Physiotherapist



Feedback on existing campaigns

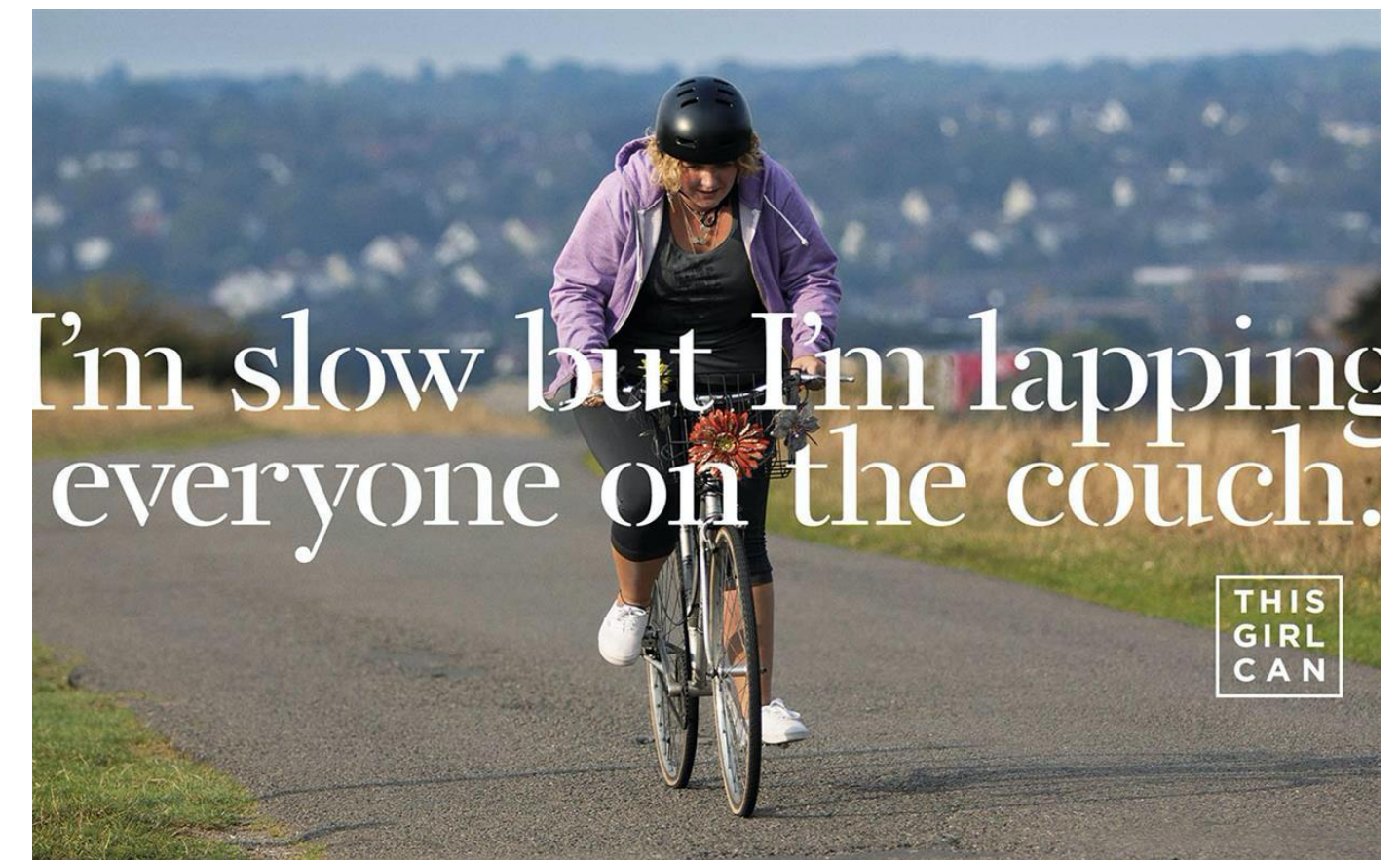
Feedback on existing campaigns reinforce the preference for a positive tone and an inclusive message

Positive tone

- Participants particularly enjoy imagery of 'real looking people' (i.e. not 'fit') enjoying physical activity. The enjoyment factor is important to show that exercise does not have to be a chore

Inclusivity

- Real looking people doing activity at home helped contribute to the sense that 'anyone can do it' which the audience find motivating



"She looks happy, it's a positive idea. If she can do home exercises, I don't see why I can't do them."

Small steps and at-home activities also help to make the campaigns feel relevant to them

Small, achievable steps

- Helps to motivate and inspire this group; best illustrated by starting from the couch and running 5km (instead of a marathon)

Activity at home

- Showing people doing activity at home helps to communicate they don't have to go to a gym or have any equipment, and there is something for everyone
- People also welcome campaigns that offer specific tips on what activity they could do at home

Note: whilst low internet users were not shown any existing campaigns, most noted being more likely to pick up on information about physical activity on TV than online



“It’s quite inspiring thinking you can get from the couch to 5k ... it would be such a positive if you weren’t in a wheelchair.”

8

Testing of creative routes

The findings in this section are based on the Phase 2 creative testing conducted in August.

We initially tested five possible creative routes for the campaign



Tested between 28th – 29th July 2020, in:

- 2 mini-focus groups with the target audience
- 2 mini-focus groups with physiotherapy staff
- 1 in-depth interview with the target audience

Materials were updated after interim feedback



Visual: Brand of beans changed
Copy: GP surgery added



Copy: Examples changed, programme of activities and local surgery added



Copy: Examples changed, GP added



Visual: New image
Copy: Surgery added



No changes

Tested between 4th – 7th August 2020, in:

- 3 mini-focus groups with the target audience
- 1 mini-focus group with physiotherapy staff
- 3 in-depth interviews with the target audience

These revised versions will be the focus of this report (with occasional references to initial versions where relevant).

9

Deep dive on creative routes

The findings in this section are based on the Phase 2 creative testing conducted in August.

Any which way. I can.

The headline was considered attention-grabbing and inclusive – though could lead to confusion or misinterpretation



- The **target audience** liked the inclusive, accessible nature of the AWWIC headline.

- The absence of the word ‘strengthening / stronger’ was considered a negative by **physiotherapy staff** who are wary of the dominance of cardiovascular exercise.
- Additionally, the absence of prominent reference to ‘strengthening’ created some confusion for the **target audience**, often leading them to think the it was a general physical activity campaign, or an advert for beans.

- The play on words (BABN) received a polarised reaction. Some liked the humorous aspect, whilst others found it corny and off-putting.

The visual was considered striking, engaging and, generally, accessible and relevant



- The use of beans was engaging and attracted attention among both audiences. It was praised for being an everyday item, in direct contrast to typical gym equipment which was a turn-off.
- The branded beans used in week 1 were a distraction and confused the message of the campaign (particularly as 'strength' isn't mentioned in the headline). The use of non-branded beans in week 2 caused no distraction.
- The vibrant colours of the visual (particularly the yellow writing on the red clothing) were eye-catching and helped to capture the **target audience's** attention.
- Both the **target audience and physiotherapy staff** liked that the person was wearing everyday clothes. Like the beans, it helped to reinforce accessibility and show that activity could be done at home and buying expensive gym gear isn't necessary.
- The **target audience and most of the physiotherapy staff** thought the person in the visual struck an appropriate balance of demonstrating positivity (e.g. smiling) whilst doing activity (not something which is always viewed positively by the target audience).
- Although it was liked that the visual was demonstrating someone in action, for some members of the **target audience** it wasn't clear exactly what the action was – while some **physios** were wary of the random/unstructured action not delivering the benefits of strengthening.

Whilst the inclusive nature of the copy was praised, some felt it too similar to ‘generic health advice’

Maintaining and improving your strength is vital to your wellbeing and independence.

No matter your age, health condition, or lifestyle, it's easy to find strengthening activities that work for you.

All recommended by your physiotherapist.

Whatever way you do it, you'll be surprised at how quickly you will see results – ask your GP surgery how to get started.

- The inclusion of both ‘maintaining and improving’ was felt to accommodate the full range of goals for the **target audience** (some of whom just wanted to hold on to what strength they had).

- ‘Vital to wellbeing and independence’ received a muted reaction among the **target audience**. It lacked emotional pull and was felt to be generic health/ageing advice – as well as not being specific to those with long-term conditions.

- Stressing that strengthening was appropriate to a wide range of people promoted a sense of inclusivity amongst the **target audience** and mentioning ‘health condition’ helped to make the message feel relevant to them.

- Some of the **target audience**, who were often very adversely impacted by their health condition, rejected the notion that it's easy to find strengthening activities that work for them. They felt that any strengthening activity would be challenging – even if some were more achievable and appropriate than others.

- Although it mentions ‘strengthening activities’ the absence of detail caused concern for **physiotherapy staff** who thought it could be misinterpreted as a general exercise campaign.
- The copy did not provide clarity or detail on what is a strengthening activity. This led some in the **target audience** to question what it is, or how to do strengthening.

The call to action did not feel particularly relevant, appropriate or intuitive to many within the target audience

Maintaining and improving your strength is vital to your wellbeing and independence.

No matter your age, health condition, or lifestyle, it's easy to find strengthening activities that work for you.

All recommended by your physiotherapist.

Whatever way you do it, you'll be surprised at how quickly you will see results – ask your GP surgery how to get started.

- Many within the **target audience** felt reassured that activities were approved by a health practitioner, as it implied that it would be appropriate for their health condition.
- However, for those without a physiotherapist or for those with negative experiences, the reference can be confusing or distracting.

- Although the idea of noticing tangible improvements is considered motivating, the language of 'results' can feel impersonal and 'data-driven'. Some members of the **target audience also** questioned the credibility of the idea of quick results.

- Not all of the **target audience** felt they would go to the GP proactively to ask about strengthening as they usually associated GPs with 'fixing problems' (rather than preventative lifestyle measures). Signposting to the GP therefore did not always feel intuitive nor did the target audience feel the GP would be able to provide support they need.

“Initially the humour and the colour caught my eye - it made me smile.”
Physiotherapy staff, higher band

“It’s [the headline] sort of like saying take it at your own pace. Don’t rush it. I had a heart attack and you have to do things at your own pace.”
Target audience, low internet use

“It’s about doing strengthening exercises but doesn’t give much detail on what strengthening exercises, or how to do it.”
Target audience, fairly active group

BY ANY BEANS NECESSARY.

ANY WHICH WAY. I CAN

Maintaining and improving your strength is vital to your wellbeing and independence.

No matter your age, health condition or lifestyle, it’s easy to find strengthening activities that work for you.

All recommended by your physiotherapist

Whatever way you do it, you’ll be surprised at how quickly you will see results – ask your GP surgery how to get started.

CHARTERED SOCIETY OF PHYSIOTHERAPY

“That’s something I say to my patients, ‘grab a couple of cans of beans and improvise.’”
Physiotherapy staff, higher band

“I don’t like ‘by any beans necessary’, it’s a bit corny.”
Target audience, low internet use

“It’s advertising Heinz beans. And it looks like she’s about to launch one of the tins.”
Target audience, younger, ABC1, living with children

Better with strength

The clear headline and the benefits of strengthening resonated emotionally with the target audience



- This headline was the **most popular** with the **target audience** and **second most popular** with the **physiotherapy staff**. The focus on the benefits of strengthening resonated strongly on an emotional level with the target audience and also felt very intuitive (as most felt very strongly that their lives were inhibited by their health condition and a lack of strength or energy).
- The image was attention-grabbing for the **target audience**. For those with children and grandchildren, the scene was especially relatable and emotionally resonant – the inclusion of family is motivating and this image clearly demonstrates the benefits of participating in strengthening activity.

Despite being appealing, the exact activity being depicted was unclear and could lead to some confusion



- While it resonated widely and clearly conveyed the benefits of strengthening, it was unclear to both the **target audience** and in particular **physiotherapy staff** whether the image was intended to portray strengthening activity itself.
- This lack of clarity occasionally distracted from the message. On first glance, the lack of clarity and specificity resulted in some of the **target audience** assuming the campaign might be related to something else, e.g. life-insurance.
- On closer inspection, confusion remained due to the girl's feet being on the man's. Some were unsure if they were meant to interpret this as strengthening. **Physiotherapy staff** stressed that dancing itself was not a strengthening activity, and the foot detail was too subtle to convey what is required from strengthening effectively.

- Both the **target audience** and **physiotherapy staff** felt the man was too old, which led to a perception that this campaign is aimed at older people generally vs. those with long-term conditions in the target audience's age band.

- Some **physiotherapy staff** were also concerned that the picture was not diverse enough to have a wide appeal (e.g. in terms of SEG and ethnicity).

The inclusion of examples using everyday items were well-received, however, some were thought to be too technical

Who says life should be any less lively with a health condition?

You can do strengthening activity in your own home with what's around you, like using your dining chair for calf raises or lifting small water bottles – start from as little as 10 minutes, a few times a week and gently increase.

A programme of strengthening activities that you have a say in designing with your physiotherapist.

Ask your local surgery about what works for you.

You'll be surprised how quickly you'll feel the results, and how life can still be...**BETTER WITH STRENGTH**

- This question was positively received by the **target audience** due to its uplifting tone and direct reference to people with a health condition like themselves. The question also rang true to the target audience, who acknowledge that their health condition may be a barrier from them living life like they want to.

- The idea of strengthening using household objects within their home was very popular with the **target audience** and **most physiotherapy staff** and helped to reinforce the idea that strengthening could be accessible for all.
- The provision of simple examples helped to clarify what strengthening activity involved and made it feel less daunting.

- A few in **both audiences** were concerned that the term 'calf raises' could be overly technical and potentially off-putting (as well as unclear).

- Some **physiotherapy staff** did not like the exclusion of gyms and dedicated equipment or the focus on using 'small' household objects, due to it excluding part of the spectrum of strengthening activity.
- In addition some in the target **target audience** felt the term 'small' could be interpreted as patronising.

The target was well-received as it provided something to aim for that felt achievable to most

Who says life should be any less lively with a health condition?

You can do strengthening activity in your own home with what's around you, like using your dining chair for calf raises or lifting small water bottles – start from as little as 10 minutes, a few times a week and gently increase.

A programme of strengthening activities that you have a say in designing with your physiotherapist.

Ask your local surgery about what works for you.

You'll be surprised how quickly you'll feel the results, and how life can still be...**BETTER WITH STRENGTH**

- The inclusion of the 10 minute target was approved by several **physiotherapy staff** and seen as an achievable start by the **target audience**, helping to lower the barrier to entry.
- The **target audience** liked that it provided specific guidance and something to aim for.

- Some members of the **target audience** noted that 10-minutes may be too high a target. 'As little as' was also considered patronising for some (and also overestimating the ability of others) – so the more flexible term 'around' was considered more appropriate.

- Some **physiotherapy staff** were concerned about the use of 'gentle' in reference to strengthening, due to it potentially leading to inadequate levels of exertion.

- There was limited appetite amongst the **target audience** to 'have a say' in designing their programme of activities. They wanted it to be tailored but also designed 'for them,' preferring to rely on medical expertise. They felt they lacked sufficient knowledge of both strengthening and the nuances of their health condition to confidently design activities for them.

- Some **physiotherapy staff** did not like the focus on GPs and the vague language of the 'local surgery'. They felt GP appointments are perceived as inaccessible which could put the target audience off.

- Whilst the idea of seeing improvements is a positive, some of the **target audience** disputed how quickly the results would appear. Additionally, the language of 'results' can feel impersonal and bureaucratic.

“It shows the grandfather lifting up the granddaughter, and that’s an exercise in itself, and it’s fun.”

Target audience, fairly active group

“I think it's language that most patients would understand, and explaining the examples is a useful way of getting people to think 'yeah, I could do that.'”

Physiotherapy staff, higher band

“People might say ‘what’s a calf raise?’ which bit do you have to lift up?”

Target audience, younger, C2DE, living with children



“Some of the most important things to me at the moment are to stay on this planet to take my daughters down the aisle and have a chance to meet my grandchildren. It really hit home.”

Target audience, older, ABC1, empty nesters

“Not sure how the man with the grandkid is building strength. Or are we saying you'll just live your life better with strength?”

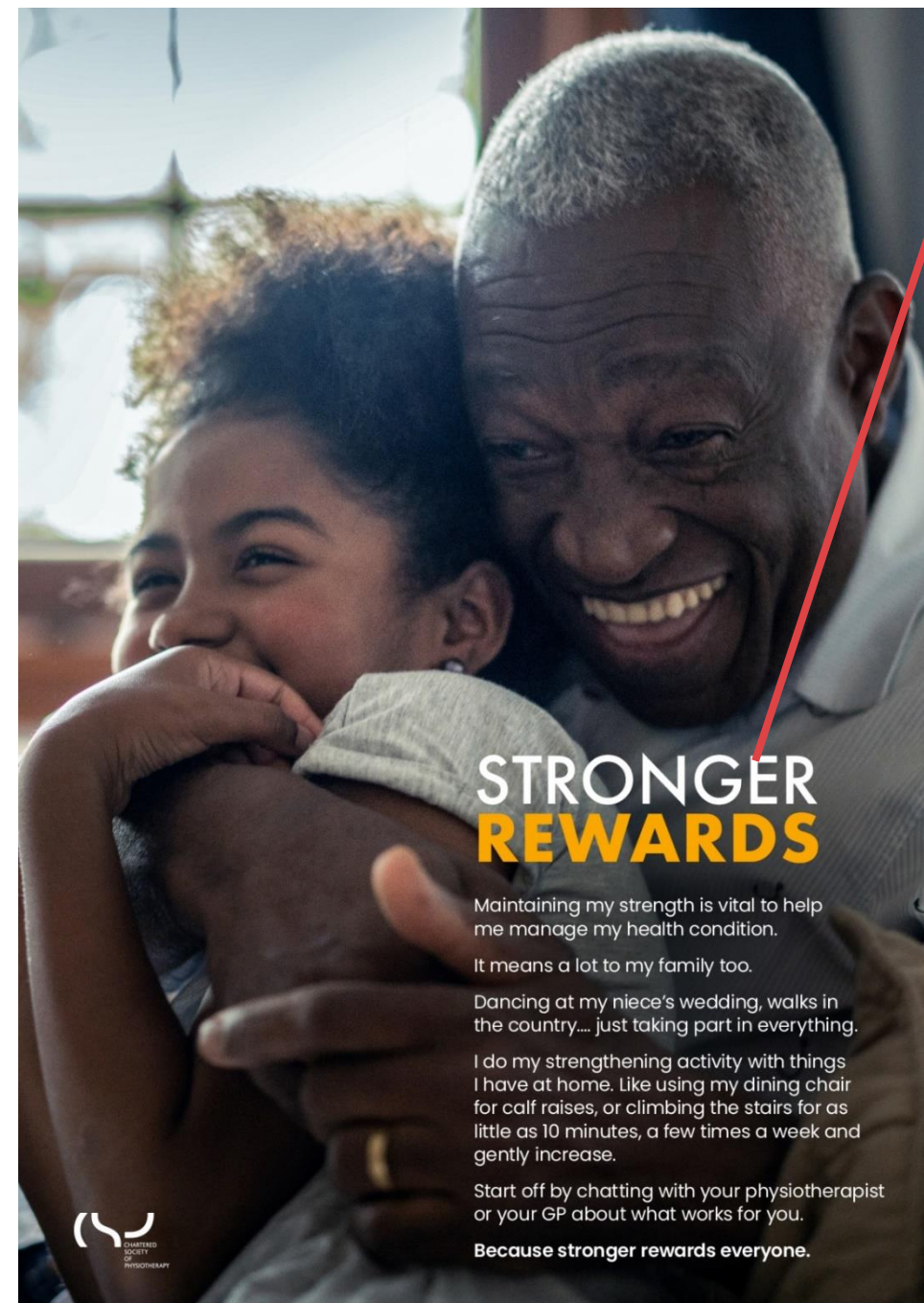
Physiotherapy staff, lower band

“10 minutes could put people off, it could be a lifetime to some people”

Target audience, younger, C2DE, living with children

Stronger Rewards

The headline was the least popular, and commonly misinterpreted as a financial services initiative



- This was one of the least popular headlines across **both audiences**. The majority of the target **audience** did not find it clear, with several participants assuming it was related to supermarket reward schemes or financial services. This perception primarily stemmed from the word 'rewards'.

The visual resonated emotionally but the lack of explicit focussing on strengthening confused the target audience



- This picture had a strong emotional appeal due to its family focus and positive facial expressions, which the **target audience** found engaging. The use of family is something that felt very relevant to the target audience, and was a key motivating factor.

- Despite being engaging, due to the lack of strengthening activity in the image, it was unclear what the initiative was about for the **target audience**. **Physiotherapy staff** also assumed the absence of any strengthening activity would confuse the message.
- A **small minority of the target audience** understood that the picture depicts the family-oriented rewards of strengthening. However, this was only on closer reading of the copy.

- The use of an older man in the image, coupled with the language of 'rewards' in the headline, added to the initial perception amongst **some in the target audience** that this was a retirement savings or life insurance advert – and something aimed at an older demographic rather than themselves.

The inclusion of family was a positive motivator for the target audience – but specific benefits listed confused the message

Maintaining my strength is vital to help me manage my health condition.

It means a lot to my family too.

Dancing at my niece's wedding, walks in the country... just taking part in everything.

I do my strengthening activity with things I have at home. Like using my dining chair for calf raises, start for as little as 10 minutes a few times a week and gently increase.

Start off by chatting with your physiotherapist or your GP about what works for you.

Because stronger rewards everyone.

- Mentioning health conditions in the first line helped to provide relevance for the **target audience**. The mention of 'strength' at the beginning also helped frame the rest of the copy and provide some clarity on the key message.

- Some in **both audiences** felt that the copy should include 'improving' as well as 'maintaining' strength. This was with the aim of including a wider range of goals to help boost relevance, e.g. some of the younger members of the target audience want to improve their strength rather than remain in their current situation.

- The focus on family was well-received by the **target audience** and helped to contextualise the benefits and provide motivation

- The inclusion of these specific goals was confusing for both **physiotherapy staff and the target audience**. Both groups expressed confusion as to whether these activities were strengthening activities in themselves or benefits made possible through strength.
- The **target audience** do not need to be provided with specific examples of activities enabled by strengthening as they are very aware of what they are currently unable to do.
- Others in the **target audience** felt there was a disconnect between these examples and what was shown in the picture (i.e. not dancing or walking).

The call to action was felt to be most appealing due to feeling familiar and informal

Maintaining my strength is vital to help me manage my health condition.

It means a lot to my family too.

Dancing at my niece's wedding, walks in the country... just taking part in everything.

I do my strengthening activity with things I have at home. Like using my dining chair for calf raises, start for as little as 10 minutes a few times a week and gently increase.

Start off by chatting with your physiotherapist or your GP about what works for you.

Because stronger rewards everyone.

- As with other concepts, the ideas of using household objects, the inclusion of examples, the 10-minute target, and the idea of gradually increasing activity were greatly popular among the **target audience**.
- It helped to reinforce the inclusive nature of the campaign by providing a target that felt achievable to them.

- Consistent with other concepts, **physiotherapy staff** were concerned about the use of 'gentle' in reference to strengthening, due to it being in tension with their belief of activity which requires effort.

- The invitation to chat with your physiotherapist or GP was the most appealing call to action, due to it feeling informal and something that could feasibly happen within existing appointments (rather than requiring a formal, dedicated appointment).
- Nevertheless, some were still unsure whether they would proactively initiate the conversation with their GP (as they did not always regard GPs as sources of preventative/lifestyle advice).

“I like the picture because it’s joyful and diverse but it doesn’t really tally with the wording.”

Physiotherapy staff, higher band

“The message is more like a mini-story really, saying how keeping your strength allows you to participate in a lot of special moments with your family.”

Target audience, fairly active group

“I like ‘maintaining my strength...’ That’s missing from the others. If you don’t do this, you’ll deteriorate.”

Target audience, younger, C2DE, living with children



“When I looked at it first, ‘rewards’ made me think of the supermarket points.”

Target audience, younger, ABC1, living with children

“Walks in the country, dancing at the niece’s wedding is less about strengthening, that’s just general cardio.”

Physiotherapy staff, lower band

“They talk about the wedding, the country. Which bit of what you’re talking about is there [in the image]?”

Target audience, younger, C2DE, living with children

Stronger My Way

The headline was appealing to both the target audience and physiotherapy staff due to focus on accessibility and relevance



Stronger
my way

At last, a programme of strengthening activities that you have a say in designing.

No fancy kit or outfits, just easy to do activities, using the everyday items you have in your home. And every session is physiotherapist-approved.

You can share your routines with friends and maybe even borrow a few of theirs...

Celebrate your successes together and carry on to your next very personal best – ask your surgery how.

Getting stronger has never been so you.



- The headline was widely praised by **both groups** and particularly by **physiotherapy staff** who felt it gave ownership to the target audience, by referencing being able to find strengthening activities that were both appropriate for them and their lifestyle and also enjoyable.
- For **physiotherapy staff** this focus on individuality and tailoring is felt to drive engagement with a programme of activities.

The visual was not considered particularly engaging, though it was deemed to feature a potentially relatable individual



- The image was praised by both **the target audience and physiotherapy staff** for depicting a woman wearing 'normal' clothes (no lycra) and of a 'normal' body type (not overly fit), who was of an age that felt close to their own. It was an improvement on the younger, fitter woman in red lycra shown previously.
- This helped to create a sense of relatability and reinforce the accessibility messaging – as they could see themselves in the visual, they felt warmer to the idea of undertaking strengthening.

- **The target audience and physiotherapy staff** also liked that the woman was pictured doing the activity with household items, which again helped convey that the activity could be done outside of a gym with no specialist equipment. This appealed by distancing itself from traditional fitness, which carries negative associations.

- However, the **target audience generally** felt the image was unengaging and uninspiring. This was due to the pictured woman's perceived lack of enjoyment of the activity, as well as the grey colour scheme.
- The prominence of the (colourful) detergent bottles was also distracting for some.

- **Some, but not all, of the physiotherapy staff** liked the serious expression due to it more accurately portraying what is required of strengthening i.e. a serious effort.

Whilst there was demand for tailoring, there was limited appetite for designing a programme of strengthening

At last, a programme of strengthening activities that you have a say in designing.

No fancy kit or outfits, just easy to do activities, using the everyday items you have in your home. And every session is physiotherapist-approved.

You can share your routines with friends and maybe even borrow a few of theirs...

Celebrate your successes together and carry on to your next very personal best – ask your surgery how.

Getting stronger has never been so you.

- The first line was generally disliked by the **target audience**. ‘At last’ didn’t ring true as few expressed much top-of-mind awareness of strengthening (let alone desire to undertake it or design a programme).
- There was also limited appetite to design a programme of strengthening activities themselves as few felt they had the expertise required, instead preferring to leave it to experts.

- The concept of exercising at home with no equipment was liked by both **the target audience and physiotherapy staff**, as it feels inclusive. It showed that activity could be done outside of the gym, a venue in which they had strong negative associations.

- Some **physiotherapy staff** were reluctant to deem strengthening activities as ‘easy’ as it goes against the requirement for effort and fatigue.

- Most of the **target audience** liked that activities had been approved by a physiotherapist, as it provided reassurance that they wouldn’t injure themselves or exacerbate their condition.
- However, for those with negative or mixed experiences of physiotherapy, it detracted from the overall message.

Whilst the idea of a community was popular, it was important that the members feel relevant to them

At last, a programme of strengthening activities that you have a say in designing.

No fancy kit or outfits, just easy to do activities, using the everyday items you have in your home. And every session is physiotherapist-approved.

You can share your routines with friends and maybe even borrow a few of theirs...

Celebrate your successes together and carry on to your next very personal best – ask your surgery how.

Getting stronger has never been so you.

- The idea of community and sharing activities was appealing to the **target audience**. Some were already familiar with discussing their health condition online with others in a similar position – and a strength community felt like an extension of that.

- However, friends were not felt to be the appropriate audience due to them not necessarily having long-term health conditions – sharing their routines and experiences with strangers with similar health conditions were more appealing.
- Some **physiotherapy staff** were concerned that sharing activities with friends is in tension with having tailored activities, e.g. what is most appropriate for one person, may not be for another.

- **Physiotherapy staff** felt this language erred too far into more traditional “fitness” and could be alienating to the target audience.
- The **target audience** did not generally react negatively toward it and preferred the idea of achieving a personal best to competition with others.

- Whilst understood, the terminology of ‘surgery’ alone felt less familiar to the **target audience** than talking with their GP.

- **Both audiences** strongly disliked the strapline at the end, considering it cringeworthy and cliched.

“I think it’s individual, everyone’s strengths are individual, everyone has an individual journey, and what’s strong for one person might not mean the same thing to someone else. One person’s strong might just be getting up to have a shower. Another’s might be running a marathon. It’s about those individual goals.”

Target audience, fairly active group

“They won’t get stronger unless they do it which is why I like the ‘my way’ bit.”

Physiotherapy staff, lower band

“I would replace ‘have a say’ with ‘it’s designed around you’... I want the experts to do that for you.”

Target audience, younger, C2DE, living with children



“I like that she has to put some effort in but it’s the emotional aspect that tends to hook people in when thinking of previous health campaigns. The person with detergent doesn’t inspire me.”

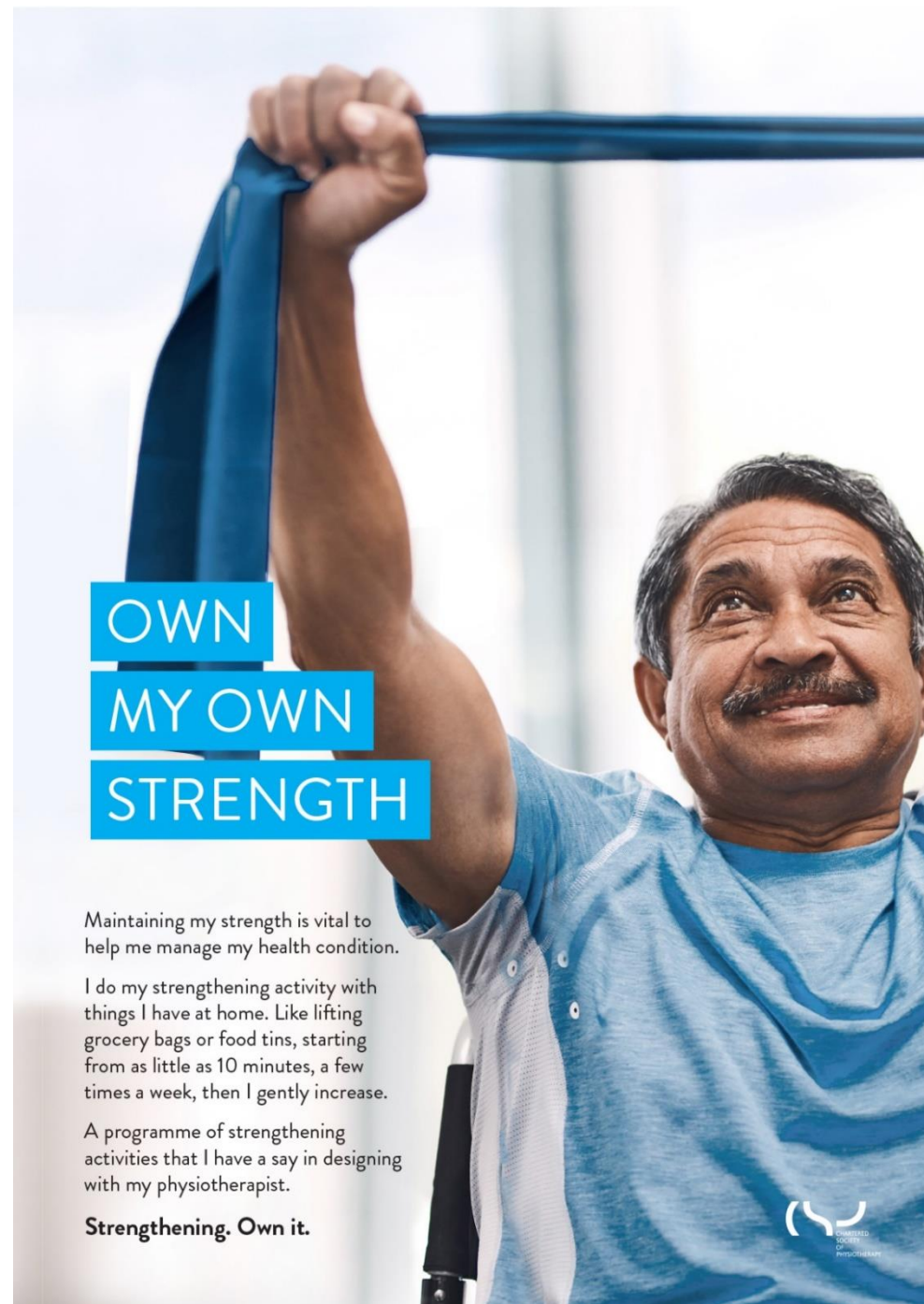
Physiotherapy staff, higher band

“No fancy kit or outfits – I like that as I know how self-conscious people can be, people don’t want to exhibit themselves. When I was at death’s door I felt self-conscious and had to do stuff at home.”

Target audience, older, ABC1, empty nesters

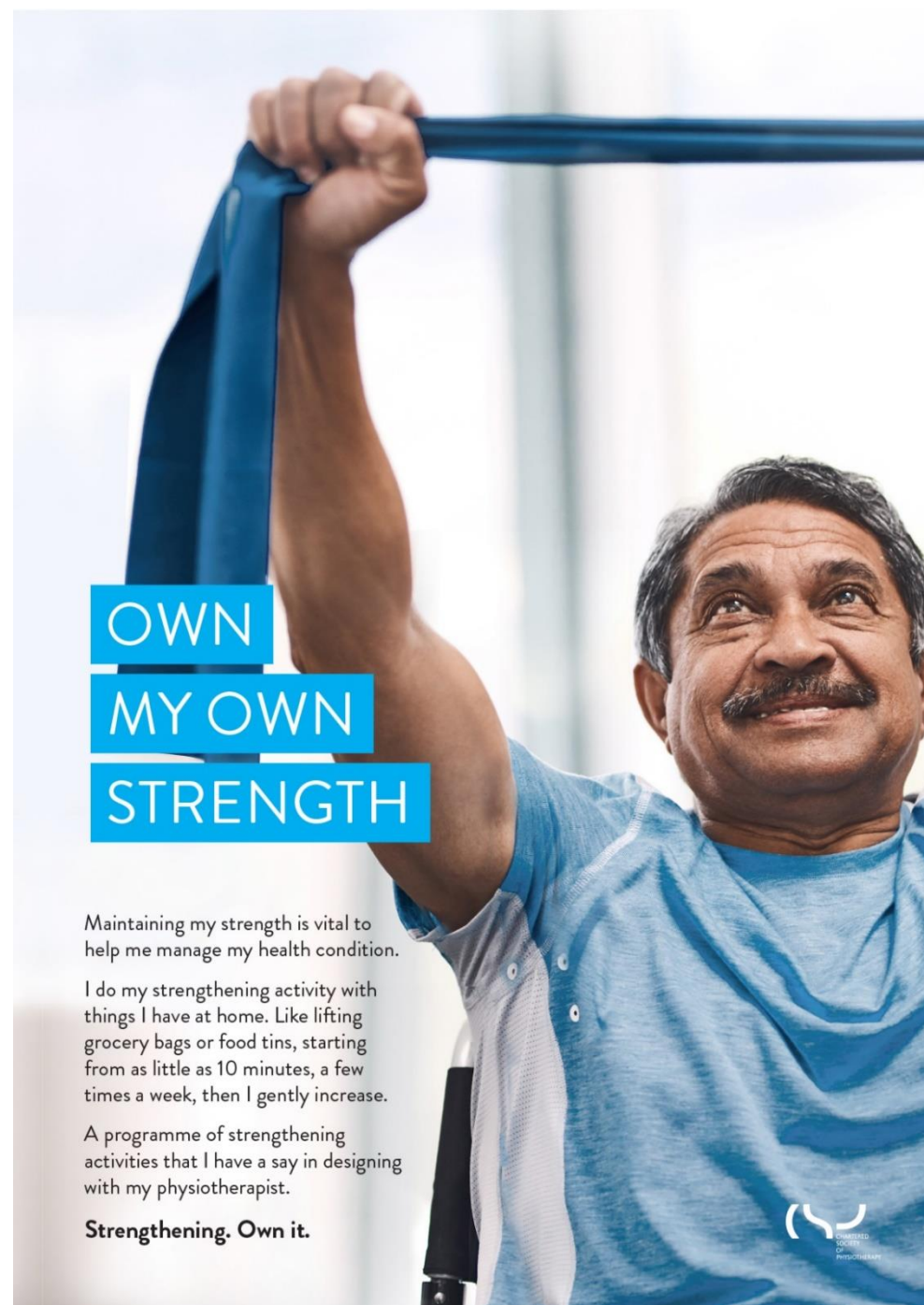
Own my own strength

The focus on ownership in the headline was relatively popular amongst both groups, although was felt to be too wordy



- For some **physiotherapy staff** the connotation of ownership conveyed by the headline was appealing. They felt it would help to engage the target audience in the campaign, and spoke to individualism and tailored programmes which are in line with how they practice.
- Some of the **target audience** found the headline appealing thanks to the implication of control it gave them to decide what is best for them.
- However, others in the **target audience** felt that the headline was 'pushing responsibility' too much onto them, which they found patronising.
- **For some**, the headline was felt to be wordy and less engaging than others. This was largely due to the repetition of the word 'own'.

Whilst the man's expression was praised, the use of technical equipment and being noticeably strong meant he lacked relevance



- This visual was felt to best strike the balance between positivity and showing the activity in action for **both the target audience and physiotherapy staff**.
 - For the physiotherapy staff, it conveyed a level of effort around strengthening which they felt was accurate and appealing.
 - The target audience acknowledge that activity is not always easy, and the visual depicts the sense of pride when overcoming that difficulty, which is engaging and inspiring.

- **Both groups** felt the man depicted was too strong to be relevant to the target audience, in particular noting his bicep as an indication of his strength.

- His clothing was a point of confusion. Some members of the **target audience** assumed he was wearing sports clothes, which they disliked due to it being inconsistent with the accessibility messaging. Sportswear also carried the negative associations of gyms and traditional fitness, and implied a high barrier to entry, i.e. not all own sportswear.

- Whilst it was clear the visual was depicting an activity, it was unclear what the activity was which created confusion.
- For the **target audience**, the presence of the resistance band was either confusing (as they didn't know what it was), or disliked (as it was perceived as 'exercise equipment'). Additionally, it was noted that it was in contrast to the everyday items cited in the copy.

Whilst there were few strong negative reactions to the copy, it was felt to be largely unengaging

Maintaining my strength is vital to help me manage my health condition.

I do my strengthening activity with things I have at home. Like lifting grocery bags or food tins, starting from as little as 10 minutes, a few times a week, then I gently increase.

A programme of strengthening activities that I have a say in designing with my physiotherapist.

Strengthening. Own it.

- As with other concepts, the immediate mention of strength and health conditions helped clarify the message of the initiative, although **both audiences** wanted to add 'improving' strength to accommodate the more ambitious members of the target audience.

- As with other concepts, the idea of using household objects, the inclusion of examples, the 10 minute target and the idea of gradually increasing activity were greatly popular among the **target audience**. This helped to reinforce that the campaign was inclusive and free of the negative associations with traditional fitness.
- These particular examples of strengthening activity were seen as more accessible than others like calf raises, which were felt to be overly technical language.

- As with other concepts, some **physiotherapy staff** were concerned about the use of 'gentle' language surrounding strengthening due to their requirement for effort and fatigue from strengthening.
- Intuitively the **target audience** referred instead to a gradual increase in activity, rather than 'gentle'. Gradually increasing was a popular concept that helped to confirm their control over the activity and the accessibility of the ask.

- Almost none of the **target audience** felt they would want to have a say in designing the activities; they would rather it was designed 'for you' not 'with you'. They wanted to rely on medical expertise to allay fears of further injuring themselves.

- For the **target audience** the strapline was perceived to be patronising. The suggestion that it was their responsibility caused tension and was not felt to reflect the reality of having a health condition.

"I like him. He looks well chuffed that he's managed to lift that thing above his head."

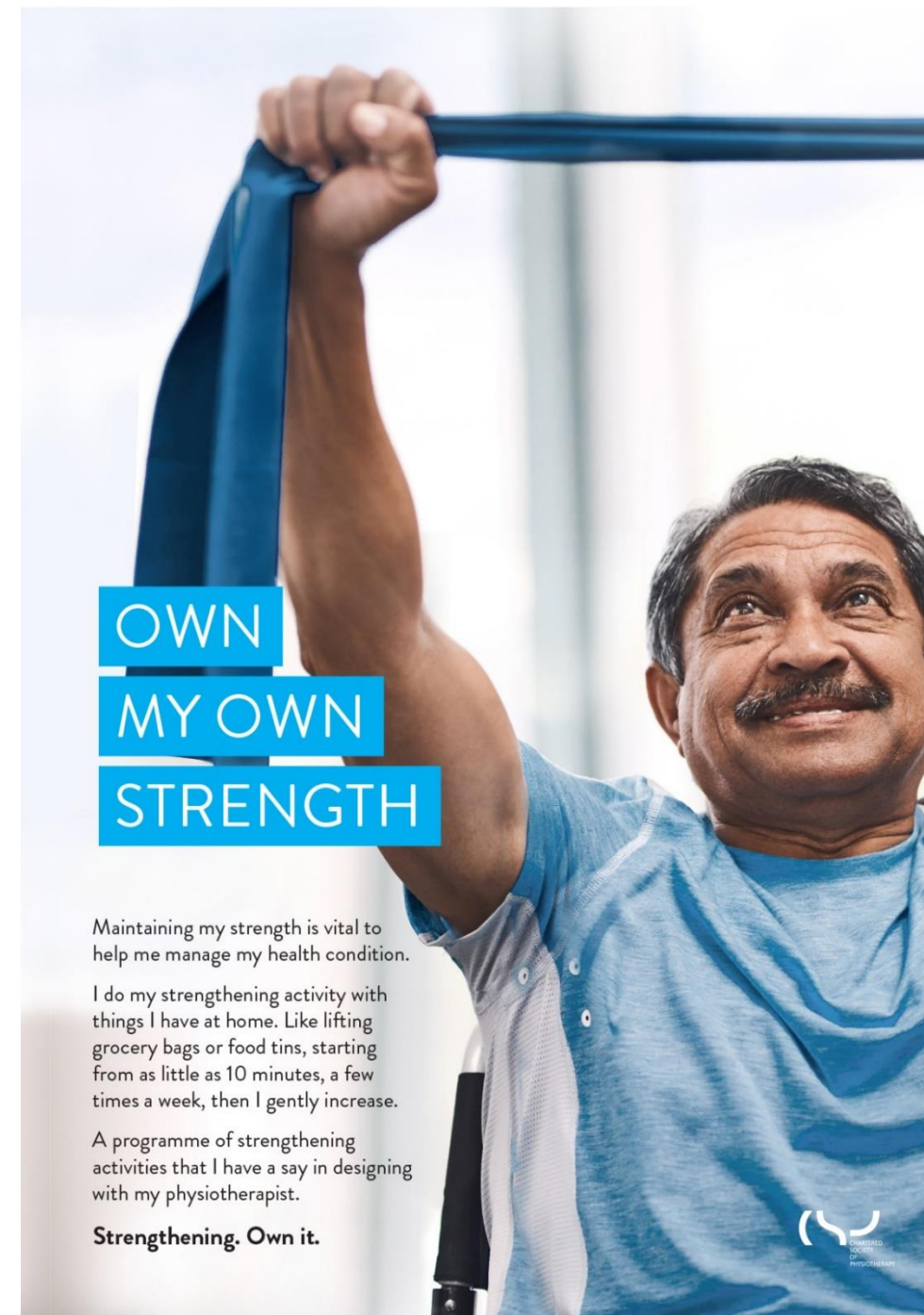
Target Audience, younger, ABC1, living with children

"He looks like he's got biceps so he looks a little too strong in the first place."

Physiotherapy staff, lower band

"I like the the fact you can start off as little as 10 minutes and then build it up. The at home is good. I'm not so keen on the fact that you've got to design it, rather than the physio."

Target Audience, older, C2DE, empty nester



"'Strengthening. Own it.' It's patronising - sort of telling you you need to own it, take responsibility."

Target Audience, older, C2DE, empty nester

"I have a personal aversion to bands because I've had to use so many bands with physios and it was like torture."

Target Audience, older, C2DE, empty nester

"This is the only one that suggests it is your responsibility. Not sure if that's what you want to get across as it could seem a bit condescending."

Target Audience, older, ABC1, empty nester

10 Additional resources for the campaign

The findings in this section are based on the Phase 2 creative testing conducted in August.

We shared examples of additional resources from other campaigns to stimulate discussion

MAHESH'S STORY

“ Some days, I roll out of bed and do my workout in my jim-jams. ”

When Mahesh was diagnosed with diabetes, it came as quite a shock, as he'd always considered himself a healthy person. And as especially after his pacemaker insertion, finding ways to keep moving was important to him. But recently, due to shielding during COVID-19, options seemed limited – or so he thought. Mahesh has been able to rediscover his garden and try new activities from the comfort of his home, which has kept him busy while lifting his spirits at the same time.

WE ARE UNDEFEATABLE



HOME VIDEOS PLAYLISTS CHANNELS DISCUSSION ABOUT

Getting active safely as lockdown eases | We Are Undefeatabl...
744 views • 2 weeks ago

Living with a health condition can be unpredictable with what you feel like you can do can changing day to day. But it's the fact that we get moving that makes us feel undefeatable.

Whether it's following a yoga class online, playing ping pong in your back garden or dancing to your favourite song at home, it all counts.
READ MORE

CHAIR ACTIVITIES: Pilates and yoga ▶ PLAY ALL

There are many ways to get active, including from your chair, in the comfort of your own home. In this playlist, you'll find ways to move that work for you from a chair. Whether you're just starting to

FEATURED CHANNELS

- Sport England SUBSCRIBE
- Age UK SUBSCRIBE
- Diabetes UK SUBSCRIBE
- Mind, the mental health... SUBSCRIBE
- Asthma UK and British ... SUBSCRIBE
- Parkinson's UK SUBSCRIBE
- Breast Cancer Care SUBSCRIBE

Chair yoga for MS | MS Society
MS Society
6.4K views • 10 months ago

MS Active Together | Exercises for issues with...
MS Society
959 views • 2 years ago

MS Active Together | Seated Pilates Workout for MS
MS Society
16K views • 2 years ago

MS Active Together | Seated & Standing Pilates Workout...
MS Society
4.4K views • 2 years ago

I'M DOING COUCH TO 5K BECAUSE I WANT TO...

get fit and feel healthier

lose weight

prepare for a race or charity event

challenge myself & run regularly

improve my health condition

Another reason

Save goal

WEEK 1 RUN 2

Warm-up: 5 minute walk

Run: 60 seconds

Walk: 90 seconds

Repeat: 7 times

Run: 60 seconds

Cool down: 5 minute walk

Run now

Supported by BBC Get Inspired

WEEK 1 RUN 1

You did this run on Tuesday 14 April.

This is how you felt about it

☹️ 😞 😐 😊 😄

Repeat this run

Supported by BBC Get Inspired

There is clear appetite for additional resources from both physiotherapy staff and the target audience

Physiotherapy staff

"I do accept there are inequalities about access to tech, but some sort of app would be helpful."

Physiotherapy staff, higher band

"Something you can attach to emails or links with health specialists diagnosing these health conditions, so that people seek out physios."

Physiotherapy staff, lower band

"There's an opportunity to tailor but with something for them to follow that's structured, like specific exercises selected from a range."

Physiotherapy staff, higher band

Target audience

"I'd like to see the testimonials, what they've done to improve their strength. I'm quite intrigued."

Target audience, low internet use

"I tried a MacMillan [programme] and after 2 days I could hardly do any of them and it was really disheartening. Having to sign in or keep track of responses, maybe I wouldn't have drifted."

Target audience, older, C2DE, empty nesters

"Last year I used to do Les Mills online and I used to love it. There are Facebook groups with real people there."

Target audience, younger, ABC1, living with children

Physiotherapy staff identified a number of elements that might form part of a 'toolkit' to use with patients

App with structured activity programme

"Something like the Squeezy app that pelvic floor physios have done. It gives you all the guidance and reminders."

Physiotherapy staff, higher band

Video demonstrations

"I do like the idea of having example exercises as videos. Physios are quite stuck in their ways with diagrams of what to do."

Physiotherapy staff, lower band

Leaflets and handouts

"Provide a more advanced booklet regarding strength exercise."

Physiotherapy staff, higher band

Patient testimonies

"I think it would be useful to have patient testimony. 'I have arthritis and feel better from doing strength exercises'."

Physiotherapy staff, lower band

Posters with infographics

"You could put up posters in hospital wards or waiting rooms for physios to spread the message... It's great if you've got an infographic that raises awareness and drives people to the website."

Physiotherapy staff, lower band

Website linking to all resources

"I think a website with a toolbox approach – different resources for different people. Strengthening guidelines you can give to patients, a page you can stick on your fridge, examples of exercises... we can pick and choose for patients."

Physiotherapy staff, higher band

The target audience responded very positively to supplementary resources – if they were flexible/tailored to their condition

Example activities tailored by condition	Structured programme with reminders	Case studies and testimonials	Strengthening community
<ul style="list-style-type: none"> • Examples of strengthening activities they can do at home using household objects. • They wanted the activities to be tailored to their health condition, to avoid further injury. 	<ul style="list-style-type: none"> • A structured programme that recommended activities, tracked progress and provided reminders was very popular. • This idea was usually assumed to be (and welcomed as) an app. 	<ul style="list-style-type: none"> • Case studies from similar people were seen to provide inspiration and legitimise the benefits & accessibility of strengthening activity. • These could be online or offline resources (e.g. leaflets or videos). 	<ul style="list-style-type: none"> • A community where people could interact and share experiences with others in similar situations appealed. • This included sharing advice and also spontaneous user-led group activities (e.g. joint exercise on Zoom).
<p><i>“Most of my life I seem to have lacked in imagination so it’s good to be told what to use.”</i></p> <p>Target audience, older, ABC1, empty nesters</p>	<p><i>“It’s nice to keep track, when you’re actually looking at your improvement on something.”</i></p> <p>Target audience, younger, C2DE, living with children</p>	<p><i>“If I see someone like me saying they do more, then that inspires me to do it.”</i></p> <p>Target audience, younger, C2DE, living with children</p>	<p><i>“You could have live links where people are doing exercise and you could do them at the same time.”</i></p> <p>Target audience, older, ABC1, empty nesters</p>

11 Recommendations from creative testing

The findings in this section are based on the Phase 2 creative testing conducted in August.

Recommendations for final concept development

1. Choose between 'Better with strength' and 'Stronger My Way' to take forward – but incorporate the best of both.

- Whilst these two routes performed well with both audiences, the preferred route will depend on how the campaign is implemented:
 - 'Better with Strength' is (just) preferred by the target audience, suggesting it may be more appropriate in a wider, direct public-facing campaign.
 - 'Stronger My Way' is (slightly) preferred by physiotherapy staff, suggesting it may be more appropriate in the context of being used shared by physios as messengers/intermediaries.
- Consider incorporating the best elements of the 'other' to maximise the campaign's appeal, e.g. adding the emotionally-appealing benefits of strengthening more prominently into Stronger My Way.

2. Select the lead visual very carefully to ensure it is engaging, relevant and clear.

- As the visual has the power to engage the audience and convey the key message, ensure:
 - The person depicted is relevant and relatable to the target audience in terms of age, body type, clothing, and health condition.
 - It is positive and uplifting (e.g. through the use of colour, family scenes).
 - It clearly shows *either* strengthening activity (which is sufficiently exerting and repetitive for physios) *or* something you can do as a result of being strong.
 - If possible, that there are different iterations with different types of people (in terms of e.g. health condition, gender, age).

Recommendations for final concept development

3. Explain *how* strengthening activity can be done.

- Strengthening is not well understood and conflation with general cardiovascular activity is common. Explain how strengthening can be done using a range of carefully selected, varied examples and an achievable target to aim for.
- Make sure examples are positioned as indicative suggestions rather than a definitive list to avoid rejection and an excessive focus on the specific activities listed.

4. Balance the need for tailoring with a lack of expertise and confidence.

- Show that activities can be tailored to the target audience's specific health condition to make the advice feel relevant and strengthening activity achievable.
- However, do not place the responsibility of designing a programme on the target audience, who prefer to rely on medical expertise to know what is best for their condition.

Recommendations for final concept development

5. Reassure physiotherapy staff that they will have control over the process.

- Physiotherapy staff are wary of giving away too much control to the target audience and concerned that activity undertaken will not qualify as strengthening – so the campaign should provide some reassurance that physios still retain some control, e.g:
 - Emphasising that any suggested activities are a point of entry for the target audience, rather than a prescriptive programme or definitive list.
 - Communicating the role of the physiotherapy staff in the process (e.g. ‘speak to your physiotherapist’).

6. Signpost to further resources to achieve behaviour change.

- The creatives were able to raise awareness and understanding of strengthening, as well as providing *some* apparent motivation to undertake it – but, in themselves, were unlikely to lead to lasting behaviour change.
- The specific call to action (e.g. speak to a physio or GP) referred to was not considered especially relevant, appealing or feasible.
- The use of supplementary resources (e.g. example activities on a website; a social network to share advice; an app to provide a structured programme of activity) felt more useful, practical, appropriate and accessible – and therefore more likely to drive behaviour change.

Some dos and don'ts for the campaign



Do...

- ✓ Say 'gradually increase'
- ✓ Say both 'maintaining' and 'improving' strength
- ✓ Use everyday, simple language (e.g. raising your leg)
- ✓ Convey that strengthening is easy
- ✓ Provide a target and show strengthening is accessible (i.e. at home, with everyday items)
- ✓ Talk about choosing from 'approved' exercises
- ✓ Refer explicitly to strengthening and to the audience having health conditions



Don't...

- x Say 'gently increase'
- x Only say 'maintaining' or 'improving' strength
- x Use words seen as jargon/technical (e.g. calf raises)
- x *Explicitly* say strengthening is easy
- x Use unnecessarily patronising terms (e.g. lifting 'small' bottles)
- x Ask the audience to 'design' a programme of strengthening
- x Be vague about the target audience or message

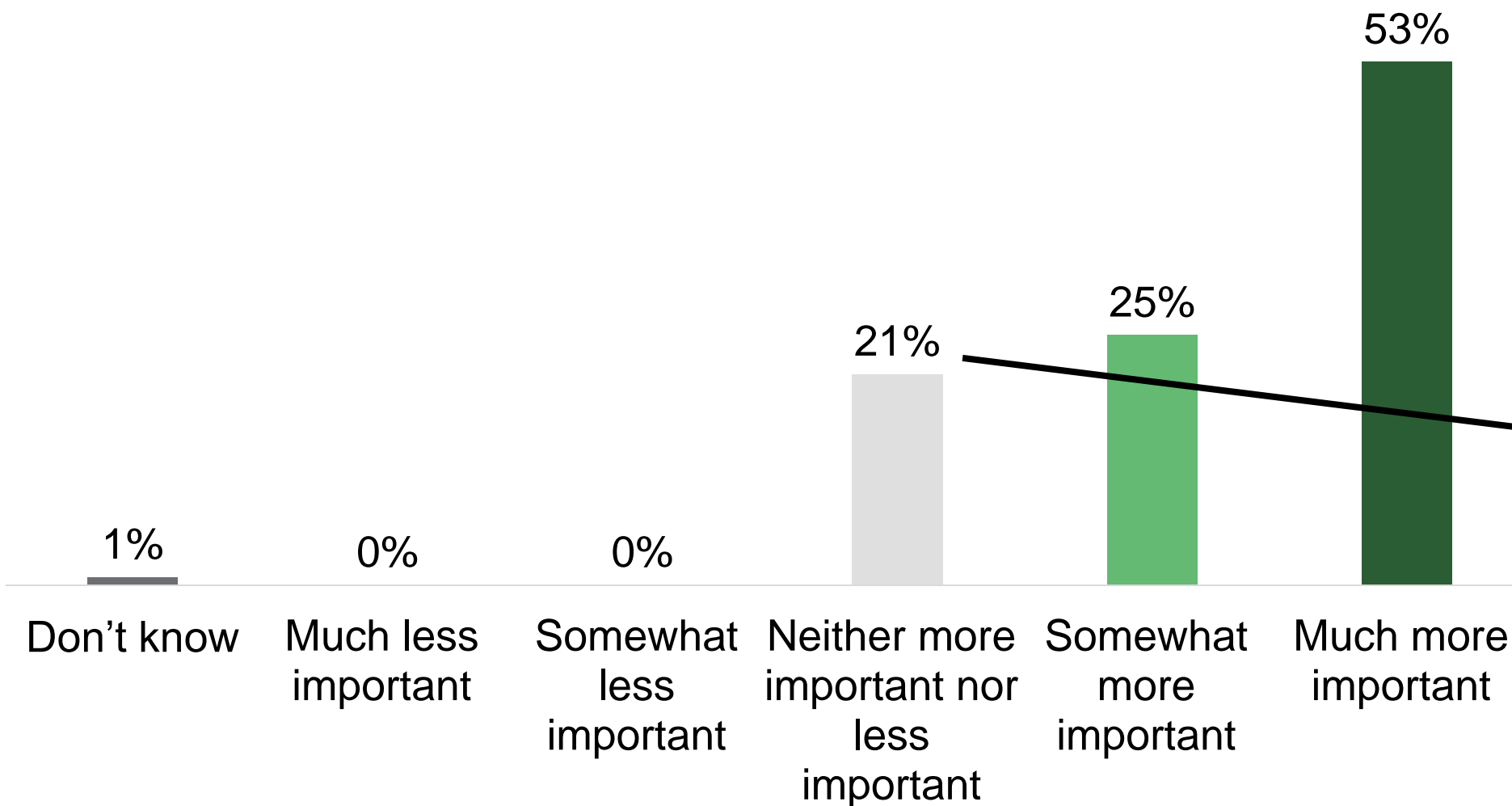
12 Behaviour change initiative findings

The findings in this section are based on the Phase 2 creative testing conducted in October.

Experiences with patients during lockdown

The vast majority of physios felt strengthening had become more important for the target audience since the start of the pandemic

To what extent has encouraging people with health conditions to do more strengthening activity become more or less important since the start of the Covid-19 pandemic?



- Seen as more important mainly due to risk of worsening health and deconditioning as a result of increased sedentary activity – particularly among those who have been shielding
- Also increased need to build resilience against health problems (whether Covid-19 or others) – exacerbated by some patients seeing healthcare professionals less often as a result of the crisis

- Some physios couldn't identify a clear link between the pandemic and an increased need for strengthening
- Others felt increases in physical activity via daily outdoor exercise and online fitness activities (e.g. Joe Wicks) may counteract the risk of deconditioning

Physios identified a range of challenges to working with the target audience during the pandemic



Some physios have been unable to deliver care, whether due to patients missing appointments, or service provision being temporarily removed or changed

“Our service shut for 6 months. We only opened again 3 weeks ago.”

“We can’t do routine follow-up. Going back and remeasuring [strength] will be a luxury when we go back.”



Changes to the way care is delivered (e.g. virtual appointments) present challenges such as IT issues and difficulties with testing strength safely and effectively

“You haven’t been able to take routine measurements you could before like blood pressure.”

“Some kind of validated, virtual measures would be good. We’ve all had to think on our feet.”



Some patients’ health has suffered or is at risk of worsening due to decreasing physical activity or a reluctance / inability to seek medical support in person

“Those with things like osteoarthritis have had several months of doing not much and now things are flaring up.”

“[Some] are in a real state, because they’ve been shielding – their muscles are terrible, we’ve sent paper resources and they just haven’t really done them.”

Despite its challenges, the crisis has presented physios with some opportunities to better encourage strengthening



Some patients have a renewed interest in health and exercise as a result of the pandemic – though there are mixed views as to how sustained this interest will be

“People had a lot more time early on. Stresses of life make it difficult to fit exercise in if it’s not a priority for you, but people had more time.”

“There was a surge in virtual methods, and new people looking into stuff that they didn’t before.”



Seeing patients in their own homes (whether via an-in home visit or a video call) has given some physios a greater understanding of some patients’ circumstances and can be more convenient for the patient

“I’ve found for some people it’s been helpful to actually see what their home life is like.”

“You can suggest items in their home that they could use for strength activities.”

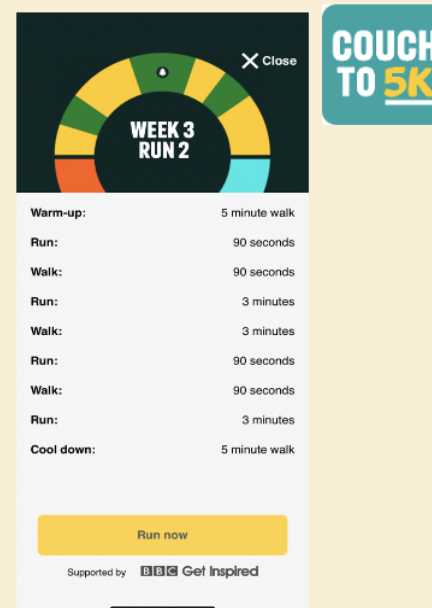
Reactions to intervention options

We tested two concepts for the overarching intervention to increase strengthening with the target audience

Option 1: A tailored, progressive strengthening programme that builds towards achieving a meaningful, quality-of-life goal set by the patient and supported by physiotherapy staff.

- The patient and the physio together establish a goal that's focused on the patient's quality of life e.g. being able to achieve an activity important to them such as lifting a grandchild or walking up a set of stairs in their home.
- The physio then develops a programme with the patient by choosing strengthening activities from a menu of options on a digital platform, accessible via an app or a website, with a printed equivalent resource for patients not online.
- All strengthening activities can be done at home without the need for specialist equipment and take advantage of everyday items, such as bags of rice or tins of beans.
- The digital platform serves as a hub for the initiative and could include features such as: an online library of exercises; video demonstrations; case studies; a chat bot; and community areas to share experiences with other patients taking part.
- Training would be included for physios in motivational interviewing and behaviour change.
- Promotional literature would support the programme, such as posters, leaflets and social media content

Similar to:



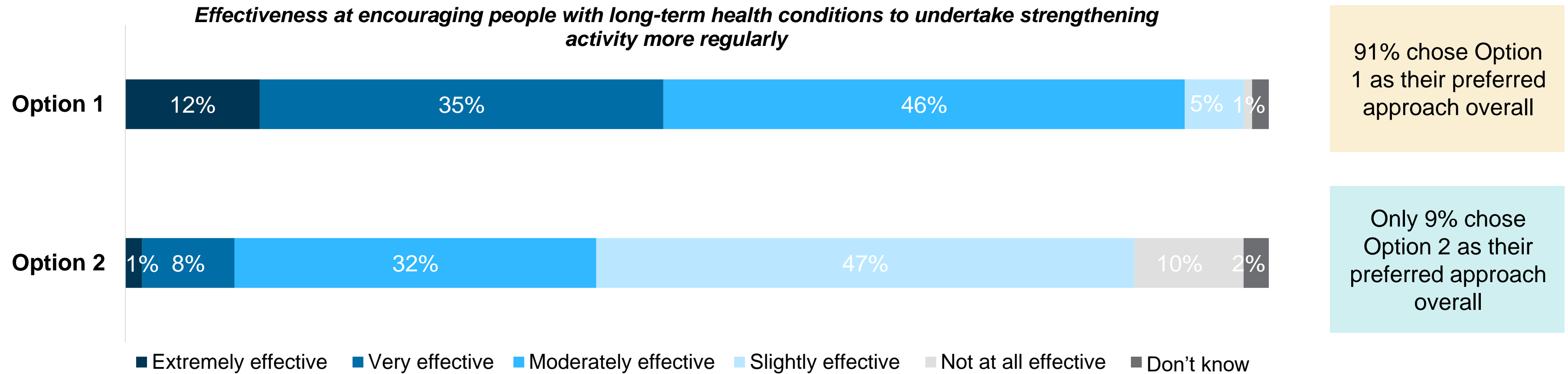
Option 2: A communications campaign to encourage strengthening that is built around informative, inspiring resources that physiotherapy staff can use to support their conversations with patients.

- A public-facing campaign that aims to motivate and encourage the target audience to take part in strengthening activity.
- The campaign would provide basic information about strengthening and highlight that it is accessible to all (e.g. can be done at home without specialist equipment).
- It would encourage them to engage with a physiotherapist or via resources such as a website or app.
- The campaign could take a number of forms, e.g. leaflets and posters in healthcare settings or digital advertising (e.g. on social media).
- Training would be included for physios in motivational interviewing and behaviour change.

Similar to:



Physios felt that both interventions would be effective, but overall there was a strong preference for Option 1



“Thinking about it from the patient perspective, definitely Option 1. I can see it helping us progress a group of patients really well. But I can see within a hospital setting that is less specialised, having promotional materials might be useful for everyone.”

“It’s the goal-orientated aspect of it [Option 1]. Just saying it’s good for your health doesn’t always feel relevant, or it’s a bit abstract. And we know goal-setting and behaviour change stuff works well.”

Option 1 was seen to offer a clear strategy for motivating patients to do more strengthening – and more likely to have impact

- ✓ **The use of a quality-of-life goal was seen as being likely to resonate with the target audience**, with some physios reporting that they already use similar strategies
- ✓ **Physios felt this gave them a clearly defined role** in supporting patients with strengthening, whilst also giving patients some autonomy to engage with the programme independently of their physio if they wish to do so
- ✓ **The programme was seen as being appropriately flexible**, allowing physios to tailor activities depending on the patients' circumstances
- ✓ Unlike Option 2, **it was immediately apparent to physios how this intervention would 'package' the full range of resources** - for example, that training and guidance for physios could be linked to the actual programme's goals
- ✓ **Comparisons to Couch to 5k were welcome**, with physios feeling there was a gap in the market for a structured programme for strengthening

"It's the goal-orientated aspect of it. Just saying it's good for your health doesn't always feel relevant, or it's a bit abstract."

"I think people are starting to realise physios aren't just people who fix your broken ankle. I think Option 1 would help to do that more."

"I think the combination of joint goal planning, individualised, easily accessible exercises with digital online resources is good."

The few concerns raised focused on how different this would be from existing approaches to encouraging strengthening

- X **There was some concern the initiative might focus too much on current patients, rather than those not in contact with physios.** This was felt to reduce the impact of the intervention, particularly among those keen on a mass-marketing, public education campaign about strengthening
- X **A few already taking a goal-oriented approach to encouraging strengthening were unclear on what a CSP programme would offer them.** They could nevertheless understand the advantage of having a range of resources sitting under this initiative, and were very interested in these
- X Similarly, **there were a few concerns about whether this would require major investment,** and potentially duplicate existing work that physios are doing
- X One physio noted some patients have other requirements in addition to improving strength, and thought **it might be confusing for the intervention to only focus on strengthening,** and not other kinds of physical activity

“The downside is it doesn’t work as well from a public health perspective because you have to engage with the physio. So it’s more health resource use.”

“I feel this is nothing “new” as this appears very similar to the current NHS community provision that we offer.”

“I don’t see how this would be any different than current input from a physio (assuming they are person centred in their approach and not bums on seats, numbers, cost and contract driven, slap dash, here’s an exercise sheet, and be on your way in their approach...)”

The perceived benefits of Option 2 were focused on the need for greater awareness about the importance of strengthening activity

- ✓ **Some felt the campaign could support a need for public education about strengthening**, feeling there was a gap in current communications about this issue, and a need for a consistent message
- ✓ A few felt they could only do so much to encourage patients, and **thought that powerful and emotive communications on the topic could be really motivating**
- ✓ A few physios felt that **there are some in the target audience who would only be reached by a mass-market campaign** because they don't have any/enough existing contact with physios

"[Option 2] has a very powerful position in those very early stages when that person is in those stages of contemplation."

"There's potentially greater reach and there's a huge need to raise awareness of strength issues. It could position the physio as a leader in this agenda."

"it needs to be a public-facing campaign, people need to be aware of the importance of strengthening, particularly since Covid – people have been sat on their backsides a lot."

Key concerns focused on how much of an impact a campaign would have in increasing engagement with strengthening

- X **Cutting through was seen to be a major challenge.** Physios noted a wide range of campaigns about physical activity already exist and would be competing for attention
- X **There was concern about reach,** and whether or not those most in need of support would see or notice a campaign serving a wider goal of raising awareness of strengthening activities
- X **Some were unsure about whether patients would follow-up with a GP / physio** after engaging with the campaign, and thought this might be a big ask
- X **Physios felt it would be risky for some patients to engage with resources directly,** without a healthcare professional providing guidance
- X **There was some confusion about how some resources could sit under this intervention,** in particular physio-facing resources such as behaviour change training

“Option 2 could get lost among all the other messages thrown at them. Option 1 is delivered by HCPs which I think will always have more of an impact.”

“It will reach the easy-to-reach. Those who already engage with health information. They’ll engage more and benefit, but those who are hard-to-reach will continue to be. There was a lovely study in Scotland showing these campaigns don’t reach lower SEGs, who are deconditioning earlier. I think this will miss the usual people they miss.”

Across both options, the idea of a ‘one-stop-shop’ online hub was regarded as crucial to the success of the initiative

This was seen as particularly helpful during the pandemic, where online tools have become more important. Perceived advantages of this approach included the following:



Resources would sit under one ‘roof’ and be interlinked



It could drive engagement by being visually appealing and interactive



Physios could use it as a tool during appointments, and/or easily signpost patients to it



Other, new resources could be integrated within it – for example, including access to live, online classes

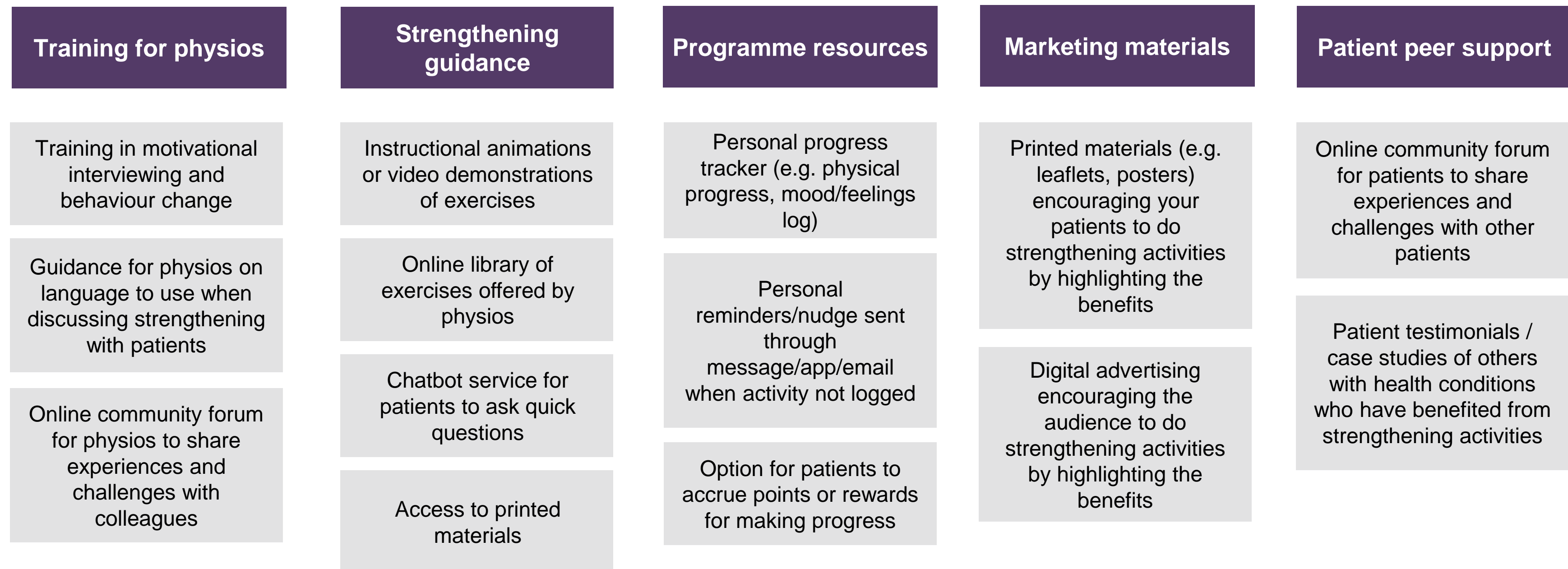
“If it’s a slick system, you can use it to prescribe exercises in clinic. You go on the website, instead of giving them a leaflet or videoing them.”

“You could have things around it – I don’t know maybe a mixed exercise type group as well? If they need that extra motivation, come and do exercise with that social support and facilitation, but still have a physio there.”

There was, however, some concern about whether it would be possible to deliver all aspects of the intervention in an *offline* format for patients with less digital access

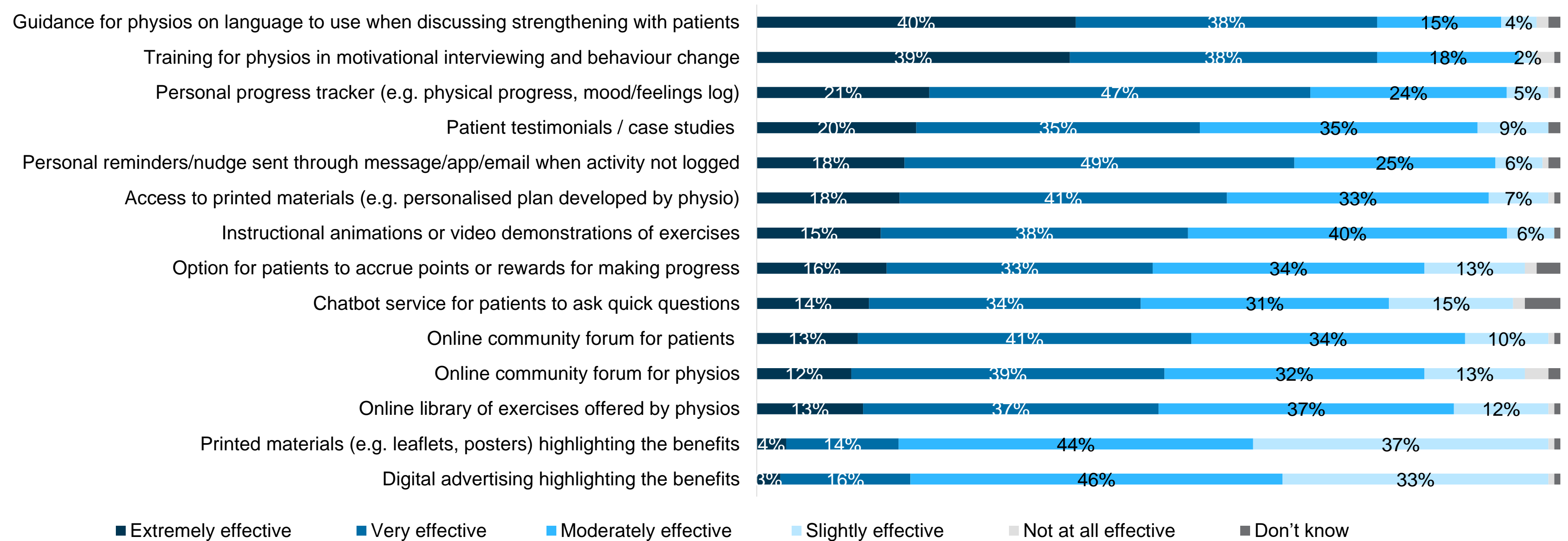
Reactions to potential resources

Physios were shown a range of resources that could be included within the intervention



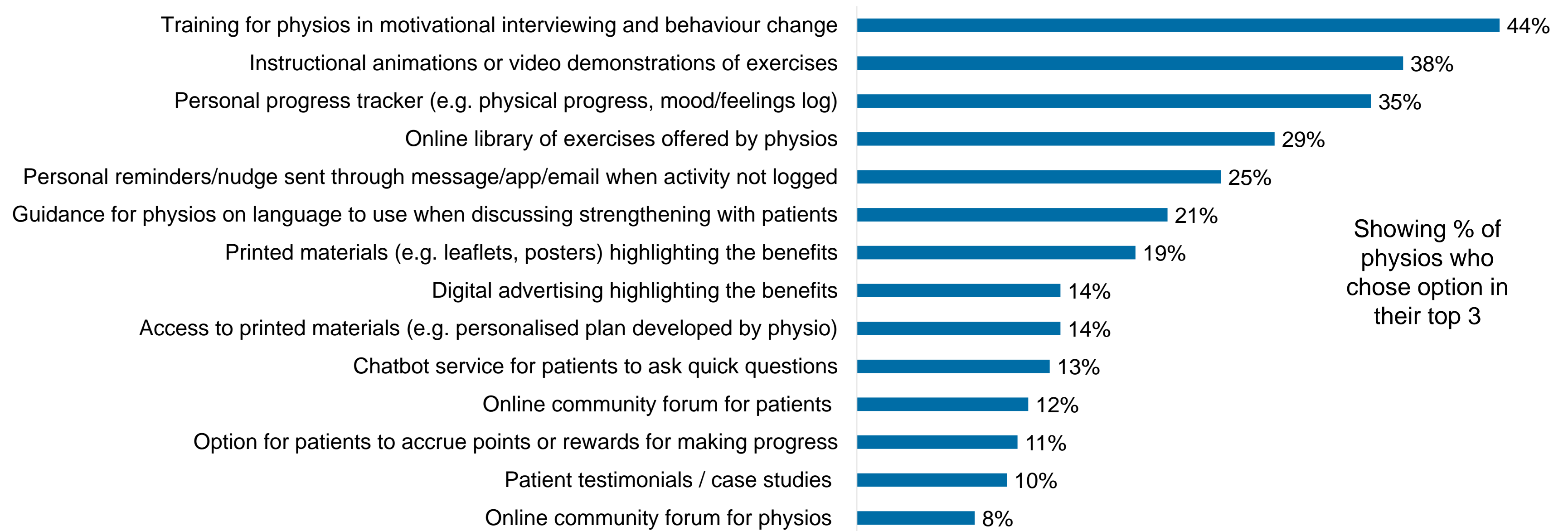
There was widespread enthusiasm for the resources, which were seen as likely to be effective in driving change

Effectiveness of resources at encouraging people with long-term health conditions to undertake strengthening activity more regularly

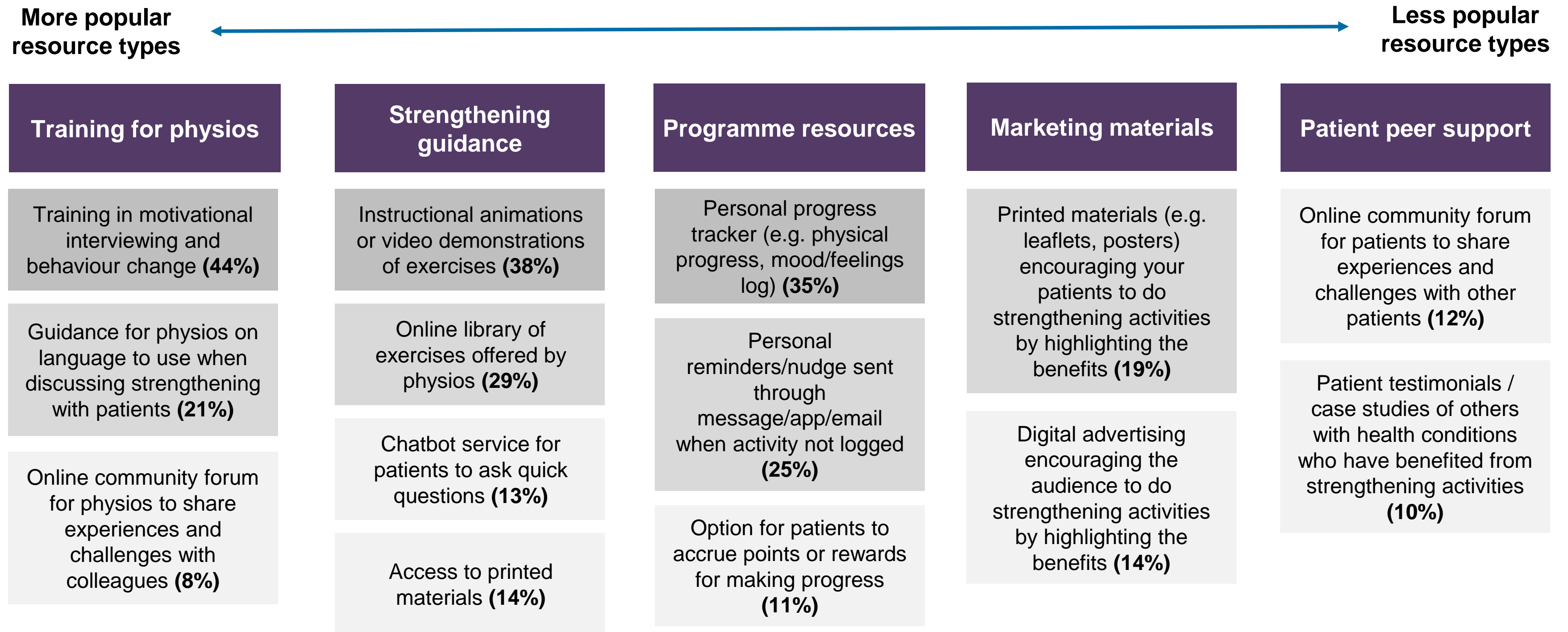


The most popular resources were training for physios and tools that patients could engage with independently in between appointments

Which resources would be most useful to support you personally in encouraging people with long-term conditions to undertake strengthening activity more regularly? Please select up to 3.



Physios' preferred resource types suggest a desire for practical tools that could sit under either intervention option



Training for physios

*77%

Training in motivational interviewing and behaviour change

- Generated excitement in the focus groups for being new and different
- Spoke to a need for support with those who are less motivated (e.g. diagnosed a while ago) or have complex barriers
- Physios thought it would be useful to have an interviewing template to use with patients

“This stood out for me. Certainly for my patients there are a lot of barriers in their way.”

*78%

Guidance for physios on language to use when discussing strengthening

- Seen as a tool to advise on what language might be off-putting and demotivating, and to help build understanding of strengthening via accessible terminology
- However, a few who were already fairly confident about their current approach to language didn't want this tool to be too prescriptive

“Especially with female patients, a lot think strength means muscle and they don't want to look too bulky.”

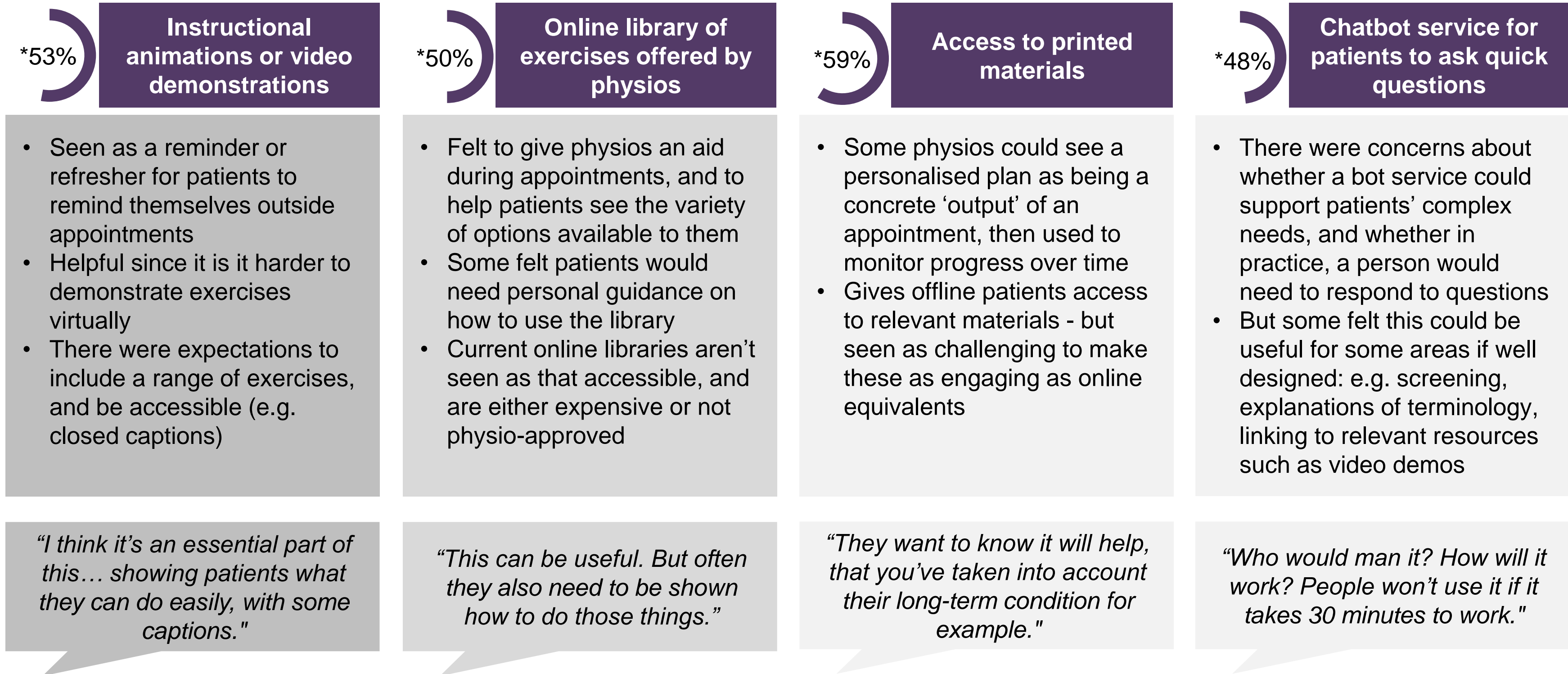
*51%

Online community forum for physios

- Whilst physios could see huge value to learning from other colleagues' experiences, (particularly during the pandemic), there were big questions about whether or not this resource would really be used in practice
- It was mentioned that forums like these already exist, and so this would not be adding anything new

“It's not new. It's on the CSP website.”

Strengthening guidance



Programme resources

***68%** **Personal progress tracker (e.g. physical progress, mood/feelings log)**

- Seen as an effective way to encourage patients to track physical progress against their goals, providing some 'accountability' around completing exercises
- Patients in particularly challenging circumstances may be better served by the physio tailoring the goals and programme over time, rather than being given an independent tracker
- Feelings log seen as less interesting

"There needs to be some way for patients to see how they're progressing."

***67%** **Personal reminders/nudge sent through message/app/email**

- Many have experienced patients forgetting to do strengthening exercises and so felt reminders were useful
- Physios wanted to give patients an option to unsubscribe, with concerns that notifications could be off-putting or demotivating

"Someone in our patient engagement mentioned this would be useful actually. I think it would be really useful."

***49%** **Option for patients to accrue points or rewards for making progress**

- Seen as potentially motivating for patients with a more competitive spirit
- Some wondered if the points would need to lead to a specific incentive in order to be meaningful
- A physio felt comparison scores with other, similar patients would be inappropriate, and suggested earning a 'badge' system instead to encourage patients in the same community to motivate one another

"People have accepted Fitbits and that whole nudge thing. And that idea of a streak, building up to something bigger."

Marketing materials

*19%

Digital advertising encouraging the audience to do strengthening activities by highlighting the benefits

- Seen as important that awareness is raised around the benefits of strengthening, but there was a concern that this might get lost amidst the noise of similar campaigns
- Ideally would be targeted towards particular types of patient (e.g. depending on age, gender or condition)
- Some felt that there should also be recommendations on the advertising for how to do activities

“As long as there are some recommendations [for strengthening activities] on the advertisement, that would be useful.”

*18%

Printed materials (e.g. leaflets, posters) encouraging patients to do strengthening activities by highlighting the benefits

- Felt to be important as part of providing offline alternatives, though harder to tailor according to different types of patient

“I’d also be interested to see what kind of promotional literature there would be. I don’t think there’s enough education on strengthening.”

Despite the strong preference for Option 1, a number of physios noted that communications were still crucial to its success, both to deliver the key messages about the benefits and relevance of strengthening, and – if possible – to encourage people not currently seeing a physio to seek one out.

Patient peer support

***54%** Online community forum for patients to share experiences and challenges with other patients

- Whilst not as popular as other resources, the perceived benefit of this was for patients to motivate one another – something which some physios had seen evidence of on similar platforms
- Some concerns that similar online forums already exist, and that patients minded to engage with the resource may already be using those
- There was a perceived risk that the forum could become overly negative rather than positive and motivating

“A lot of these online forums go the wrong way, and they end up being a moan – ‘I can’t do this, I can’t do that, this has flared up’... So long as there’s monitoring to stop it going down the negative road, it would help.”

***55%** Patient testimonials / case studies of others with health conditions who have benefited from strengthening activities

- Most focus group participants thought it could provide inspiration to show their patients others in similar circumstances who have seen improvement through strengthening, and challenge them to do more

“From my experience with my patient group, I’ve found that to have great benefit. Speaking to peers, people who have been through what you’ve been through, who have seen really benefits.”

Thank you

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